01.10.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

JUST IN TIME: Fritz, the morning after his liver transplant

New year, new lease on life

WHEN THE CALL CAME in at 4 am, just before Christmas, Eric Fritz, 38, of Liverpool, N.Y., was so surprised he made the transplant coordinator tell him twice. After a year of waiting, he had a donor liver.

"It was surreal," Fritz says. "I was unable to grasp what was going on."

For five years, he had been battling primary sclerosing cholangitis (PSC) – a progressive autoimmune disease that damages the liver's bile ducts. When he woke up one morning in February 2013 he was jaundiced. The disease had reached a turning point and only a new liver could help him. Fritz was forced to give up his 18-year career as a nurse, and the disease greatly affected his ability to participate in the lives of his three children – Ethan, 12, Jacob, 10, and Anna 7.

The morning rush to the MGH earned him a speeding ticket courtesy of a New York State Police Trooper near the Massachusetts border. But Fritz is not the least bit bothered by the ticket; he admits to speeding. He's just grateful for his new liver.

"It was a huge knockdown for me; before I was coaching my middle son's football team and going to all the kids' games and school events," Fritz says. "I was so run down and didn't feel good, or was in the hospital, so I had to give that up. It was hard because it wasn't something I had missed before."

Fritz says he chose to come to the MGH because without aggressive treatment the prognosis for PSC is poor. He only had been out of the hospital two days when he got the call for the transplant.

The morning rush to the MGH earned him a speeding ticket courtesy of a New York State Police Trooper near the Massachusetts border. But Fritz is not the least bit bothered by the ticket; he admits to speeding. He's just grateful for his new liver.

"It's an amazing gift," he says. ■

Laser may increase vaccine effectiveness

NEW RESEARCH indicates that using a particular laser to pre-treat the site of a flu shot may boost the body's immune response against influenza. In the open-access journal *PLOS ONE*, investigators from the Vaccine and Immunotherapy Center in the MGH Division of Infectious Diseases report that in a mouse model, a one-minute dose of near-infrared laser light significantly improved the effectiveness of intradermal flu vaccine – a flu vaccine injected into the skin rather than the muscles beneath the skin.

"We believe the laser causes skin cells to release chemical signals that draw immune system cells to the area of the vaccination," says Mark Poznansky, MB ChB, PhD, director of the MGH Vaccine and Immunotherapy Center and senior author of

(Continued on page 2)

IN MEMORIAM

Robert Bergman, RN, CCRN

ROBERT BERGMAN, RN, a staff nurse on the Surgical Intensive Care Unit (SICU), died unexpectedly Dec. 10 at the age of 45. A respected mentor, teacher and leader, he is remembered best by colleagues for his larger than life personality, his keen sense of humor and his positive energy. This would have been his 25th year at the MGH.

"His wit, compassion and love of nursing will be greatly missed. He was a leader on the unit and above all a true patient advocate," says Sandra Muse, RN, SICU nursing director.

Bergman began his career at the MGH as a student intern on White 8 – a surgical/trauma unit at the time – and later was hired as a full-time staff member. Harriet Nugent, RN, of Clinical Nursing Services, worked with Bergman for eight years and says he was a treasure to his patients.

"He was an amazing preceptor and mentor for younger nurses. He was always teaching and caring for his patients in an expert manner, maintaining high standards for himself and his students. I can only imagine the void he has left in the MGH SICU," says Nugent.

"Rob elevated the standard of care," says Nick Digiovine, RN, SICU. "He put the patient first and their comfort above all. I feel blessed I spent seven months under his guidance. Not only did he become a mentor but also a friend whom I could always count on to talk all things Disney. I will miss him, his warm personality and his laugh."

Aside from his work at the MGH, Bergman served as a travel nurse, which took him to destinations all over the country. Traveling was a passion for Bergman and his personal trips included visits to Europe, Australia, New Zealand, South America, Antarctica, two African safaris and 23 cruises, one of which was a cruise to Nova Scotia he organized for seven MGHers.

"He had a way of making people feel special and brought out the best in them," says Nugent. "Every year, for more than 20 years, he helped organize a summer party at my home for our fellow nurses. He would bring homemade cookies, create the menu and do all of the cooking on the grill. He spent time inquiring about each person's family and bringing us up to date about his family and his amazing travels. Rob's personality was infectious."

A resident of Lunenburg, Mass., Bergman was born Oct. 14, 1968 in nearby Leominster. He received his Bachelor of Science in nursing from Fitchburg State College in 1990, his master's degree in nursing administration and management from the University of Massachusetts -Worcester in 1994 and later attended Clark University, where he earned his master's in business administration.

Bergman is survived by his father, Richard A. Bergman; his siblings, Peter Bergman, Pamela Pickett, Barbara Bergman and David Bergman; and eight nephews and nieces. Funeral services were held Dec. 17. A memorial service at the MGH will be held at 1 pm, Jan. 16 in the MGH Chapel.

Flu season has arrived

ACCORDING TO THE Centers for Disease Control (CDC), flu-like illnesses tend to increase in late December to early January and peak in February. Although this year's flu season seems less intense than last year, the CDC says they have seen "significant increases" in flu activity in recent weeks.

"The MGH has seen an increase in the number of flu cases," says Andrew Gottlieb, NP, FNP-BC, director of MGH Occupational Health Services. "Typically, we see more severe illness in the elderly and the very young. This year, the flu seems to be affecting young and middle aged adults more so than in past years."

To maintain both workplace and personal health, Gottlieb says it is important to keep in mind these recommendations:

- Do not come to work if you have a fever of 100.5°F or more than one of the following symptoms: runny nose or nasal congestion, sore throat, cough, body aches
- If you are suspected of having – or know you have – the flu, you are required to remain out of work until your fever is gone for 24 hours – without the use of anti-fever medication.
- If your symptoms start at work, do not wait to report symptoms or delay leaving work; you are potentially infecting others. There is no need to visit Occupational Health but you should call 617-726-2217 to report your illness to one of the nurses.
- Haven't been vaccinated? It's not too late. Occupational Health Services is offering the flu vaccine – free of charge – to all employees, Monday through Friday, 7 am to 5 pm. Call 617-726-2217 for an appointment or just walk into the office located at 165 Charles River Plaza, Suite 404.

— *Laser*

(Continued from page 1)

the report. "Those cells prime the immune system to respond to the incoming influenza antigens and generate antibodies against them, resulting in boosted vaccine effectiveness."

Currently, chemical additives called adjuvants are often paired with vaccines to create the same effect. However, these chemical adjuvants can result in such side effects as pain and swelling at the vaccination site, so many flu shots do not have them.

"Without adjuvants, many vaccines – including the flu shot – are not as effective as they could be," explains Satoshi Kashiwagi, MD PhD, of the Vaccine and Immunotherapy Center, lead and co-corresponding author of the *PLOS ONE* report. "Our results indicate that laser light could be a safe alternative to these adjuvants, resulting in a more effective vaccine without any undesirable side effects."

The researchers have done a safety trial of the laser on people and hope they can test it in clinical trials soon. "The key thing we're going to look at is how to accelerate the development of this new adjuvant for vaccines and immunotherapy," Poznansky says.

Long term, they hope to explore using lasers as adjuvants for vaccines against hepatitis B, HPV and cancer.

Understanding trauma-informed care

SOMETIMES SECRET and often ignored, past trauma can dramatically influence a patient's experience while at the hospital. Liz Speakman, LICSW, director of HAVEN, explains how a new trauma-informed care initiative is underway that will shape the delivery of care at the MGH and across the Partners HealthCare system.

Q. What is trauma-informed care?

A. Trauma-informed care is a new term that has become more common in the past several years. It helps health care providers understand the prevalence of domestic violence, sexual violence or other types of traumas. Good care is approaching every patient with the assumption that at some point in their lives they may have experienced trauma and tailoring their care based on that knowledge. One in four women will experience domestic violence in their lifetimes; one in three will experience sexual assault. For a caregiver to be mindful of that – telling the patient what they are going to do, telling the patient they can stop at anytime, having someone else in the room with them – is giving more ownership to the patient rather than just going through the motions.

Q. How are you educating the hospital community?

A. About a year ago, we met with domestic violence prevention and intervention leaders across Partners to update each other and explore areas for collaboration. What we found is that we are all trying to incorporate trauma-informed care. Soon after, we formed a committee and began planning a conference, which was held in October, to raise awareness of the role trauma plays in the life of patients. We had a wonderful guest speaker – Dr. Carol Warshaw, a leading expert in trauma-informed care – who also helped facilitate a panel of clinicians that discussed how to integrate trauma-informed care into a practice. Going forward, the planning committee is going to create a needs assessment and a framework to look at opportunities and challenges. We will then bring that back to our own institutions to review.

Q. How can clinicians reinforce trauma-informed care?

A. There is a lot of work being done at the MGH around disability awareness – educating staff that we cannot always see a disability but not assume that someone doesn't have one. I think it's similar with trauma. When someone starts getting angry with a provider, there may be a lot of blaming rather than understanding. This person may have had their power taken away from them in many different ways; their body may not have felt like their own. It's important to attend to the emotional aspect of being in a medical setting. We don't necessarily know what someone has been through. Trauma-informed care is not about getting a disclosure but more about empathy, compassion, care and understanding.

Q. Where do you see this initiative going?

A. My hope is that we will get together on an annual basis. I hope next year we will have another conference or just a check-in where we come together so that we maintain the connections among the different institutions. For the longer term, my hope is that all providers across our system continue to see patients as whole people with all the complexities they bring.

Graubert appointed first incumbent of the Hagler Family Chair

TIMOTHY A. GRAUBERT, MD, program director for Hematologic Malignancies at the MGH Cancer Center, was honored Nov. 18 with the first Hagler Family Chair in Hematologic Malignancies. The reception also celebrated the establishment of the Jon and Jo Ann Hagler Center – integrating clinical care, research and support services to provide care for patients diagnosed with Non-Hodgkin and Hodgkin lymphomas. The chair and center were established through a gift from the Haglers.

"The Hagler Family Chair made it possible for us to recruit Dr. Tim Graubert," said MGH President Peter L. Slavin, MD. "Tim is a leading authority in the genetics of acute myeloid leukemia and myelodysplastic syndromes. With his background and expertise, I feel confident that Tim and his team will tailor the tools of personalized medicine to advance the treatment of hematologic malignancies."

The ceremony at the Paul S. Russell, MD Museum of Medical History and Innovation was attended by members of the Hagler and Graubert families and included remarks from Jeremy Abramson, MD, clinical director of the MGH Center for Lymphoma, and David Ryan, MD, chief of Hematology/Oncology, who introduced Graubert.

"Dr. Graubert will provide oversight for the leukemia, lymphoma, myeloma and bone marrow transplantation programs, with the major objective of developing and unifying a research agenda that will help translate new laboratory discoveries to the clinic," said Ryan. "He will lead an expanded team through the execution of a concerted

(Continued on page 4)

ADVANCING TREATMENT: From left, Daniel Haber, MD, PhD, director of the Cancer Center; Graubert; Jo Ann and Jon Hagler; Katrina Armstrong, MD, chief of the Department of Medicine; Slavin; and Ryan.

01.10.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit *http://intranet.massgeneral.org.*

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

Easing winter storm woes

THE FIRST FIERCE WINTER BLAST of 2014 is behind us, but more than likely there is another one looming. While schools and many businesses close during inclement weather, the hospital remains open 24 hours a day, seven days a week. Despite the challenges and frustrations, the MGH Emergency Preparedness team says there are ways employees can weather the winter storms.

"All MGH staff are considered essential personnel. Employees are encouraged to plan ahead with their families and discuss concerns with their managers as early as possible," says David Reisman, senior administrative director of Emergency Preparedness. "We encourage staff to review their department's Emergency Operations plan and become aware of their responsibilities during severe weather."

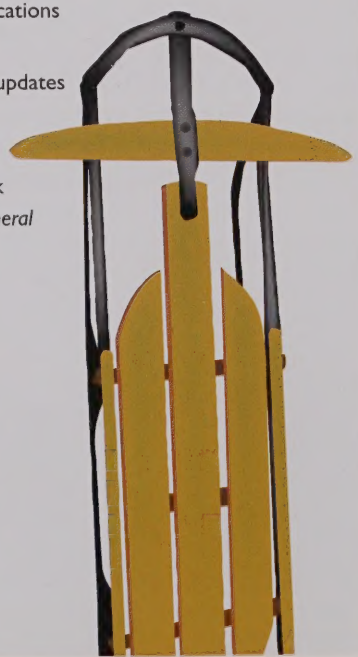
MGH emergency preparedness personnel and department leadership, along with city and state officials, engage in extensive planning to ensure the hospital continues to operate safely and efficiently during a snowstorm. They also work with other hospital departments – such as Buildings and Grounds, Environmental Services, Nutrition and Food Services, Police and Security, Materials Management, Patient Care Services and Perioperative Services – to ensure everyone will be able to support operations.

"To prepare and remain safe, allow extra traveling time," says Reisman. "Wear proper clothing and consider what to bring to work if you may not be able to get home. Make a contingency plan with family in the event of a commuting delay; and prepare for power outages by keeping cell phones charged."

The Emergency Preparedness team encourages staff to register for the new voluntary Employee Alert System (EAS). "This system allows us to rapidly notify staff of an important event by text message, email and/or phone call," says Reisman. "During a significant weather event, information about parking regulations and sleep accommodations will be provided through the EAS."

Employees can subscribe to receive the emergency alerts and select devices to be notified by visiting *www.notifind.net/NF_SUBSCRIBE.* The following resources are also available to help staff stay informed:

- Daily Broadcast emails or notifications on *www.massgeneral.org*
- MGH Severe Weather Line for updates at 866-798-8402
- MGH's Twitter handle, *@massgeneralnews*, or Facebook page, *www.facebook.com/massgeneral*
- MBTA service delays at *www.mbta.com/winter* and local news reports for road closures or other critical infrastructure information



For more information about Emergency Preparedness at the MGH as well as the MGH Severe Weather Policy, access *http://sharepoint.partners.org/mgh/emergencypreparedness.*

— Hagler Family Chair

(Continued from page 3)

effort to advance treatment for hematologic malignancies into the realm of personalized medicine."

Prior to joining the Cancer Center in October, Graubert was associate professor in the Department of Medicine at Washington University in St. Louis. As a leading authority in the field of targeted therapies for cancer and a pioneer in the use of genome sequencing technology, his laboratory and clinical work focuses on the identification of new genes that confer increased susceptibility to myeloid leukemia and genes that, when mutated, somatically cooperate with inherited variants to result in leukemia.

"I am honored to be the first incumbent for the Hagler Family Chair in hematologic malignancies," said Graubert. "I look forward to working with my colleagues in the Hematologic Malignancy Program at the MGH to improve the care we provide for our patients." ■

Students diagnose their futures

PRACTICE MAKES PERFECT: Ann Schwartz, CRNA, with a student at the Paul S. Russell, MD Museum of Medical History and Innovation

A TWO-HOUR pig heart dissection is not for the faint of heart – or stomach for that matter. But for most of the 30 high school students it was the highlight of a five-week career program at the MGH. "It was my favorite week!" wrote one student surveyed. This is the second year the MGH Department of Anesthesia, Critical Care and Pain Medicine and the MGH Center for Community Health Improvement have offered local high school students a five-week introduction to careers in health care. For two hours every week, the students teamed up with volunteers from the Department of Anesthesia, learning everything from how to take a patient's blood pressure to resuscitation and intubation techniques.

01.17.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

TOUCHING HISTORY: Gupta, second from right, looks on as visitors get up-close and personal to Padihershef at the museum.

Preserving the MGH's oldest patient

PADIHERSHEF may be a mummy, but his story is no longer under wraps. The results of a year-long conservation project, under the direction of the MGH Paul S. Russell, MD Museum of Medical History and Innovation, were shared at the museum's first evening lecture of 2014, "Padihershef: A Mummy Revealed." The lecture – featuring experts on Egyptology, neuroradiology, conservation and forensic anthropology – was held Jan. 14 in the Ether Dome where the mummy and his coffin reside in a special case.

"What does it take to conserve a 2,600-year-old mummy?" asked John B. Herman, MD, associate chief and chair of medical psychiatry, and chair of the Paul S. Russell, MD Museum advisory committee, who welcomed guests.

The evening began with MGH neurosurgeon Paul Chapman, MD, who explored the mummy's origins and arrival at the MGH in 1823. Mimi Leveque, a conservator at the Peabody Essex Museum, hired to help restore the mummy last year, described the methodical measures taken to clean and repair Padihershef – documenting his condition with photographs and sketches, cleaning his face with saliva and swabs, replacing missing linen bands and realigning the wrappings.

We were always aware of – and sensitive to – the ethical considerations of the body we were treating," said Leveque. "The mummy is not just a mummy but an individual."

Rajiv Gupta, MD, PhD, of MGH Imaging, explained why the mummy underwent full body X-ray and CT scanning – it was an opportunity to examine the life of an ancient Egyptian stonemason. "The scans provided insight into the condition of his bones and soft tissue." More than 20,000 scans were assembled into 3-D renderings of the body.

(Continued on page 4)

A reflection of kindness

BARBARA MEEHAN, an MGH patient, sits by her window on Ellison 12 gently pulling on her long black hair that is fastened back in a ponytail. Her eyes soften with kindness and she beams while expressing her gratitude for the wonderful care she received from Melissa Waters, a beautician in The General Hair Care Salon at the MGH.

"It's not about hair. It's about humanity," says Meehan.

Despite meeting just one week ago, Meehan, who is both a mother and a grandmother, describes Waters with pure and simple praise as if she were part of her extended family. "Melissa is a lovely human being – the epitome of someone who wants to give people hope."

After two weeks in the hospital, Meehan's hair had become matted and tangled. She thought she would have to cut it off, so her son contacted the MGH salon to make an appointment. Waters arrived in her room a day or so later and began brushing through the knots in Meehan's hair. "I asked if she could tough it out, knowing she might already be in a lot of pain, but I took my time and she tolerated so much. She was a trooper," says Waters.

Waters, who grew up in a family of nurses, took what she calls "a leap of faith" when she began at the MGH in September. At first she felt out of her element caring for patients – her former job was at a salon franchise – but she soon found her way. "It's not something everyone can grasp but this is what I want to do. To hear, 'I feel normal,' 'I feel human.' It's a gift," says Waters.

"What Melissa gave me is as important as medicine," explains Meehan. "Hair is just hair but it helps people be a little bit of who they are."

SHEAR BEAUTY: Waters prepares for her next appointment.

Research could expand hand, face transplant availability

IT'S AN IMPORTANT STEP towards greater availability of hand and face transplants. A procedure developed at the MGH to induce immune tolerance to organ transplants has now been shown to also induce tolerance to model tissue transplants in miniature swine.

Hand and face transplants involve transplanting several types of tissue – such as muscle, bone, skin, nerves and blood vessels – in what is called a vascularized composite allograft (VCA). As with traditional organ transplants, patients receiving VCAs need to be on lifelong immunosuppressive drugs.

CETRULO

Adapting an approach developed in the MGH Transplantation Biology Research Center, investigators transplanted bone marrow from the same immunologically-mismatched donors that provided tissues for the VCAs. The bone marrow transplant was performed either several months before or simultaneously with the VCA. The researchers reported in the *American Journal of Transplantation* that immunosuppressive drugs were no longer necessary to prevent rejection in those animals that received bone marrow.

"While offering significant improvement in recipients' quality of life, VCA procedures such as hand and face transplants are not lifesaving, so justifying a lifetime of anti-rejection medication and their potentially dangerous side effects can be difficult. The induction of immunologic tolerance – essentially tricking a recipient's immune system into accepting donor tissue – could be a way around that, negating the need for immunosuppressive drugs," says Curtis L. Cetrulo, Jr., MD, FACS, of the Hand Transplantation Service in the MGH Division of Plastic and Reconstructive Surgery and senior author of the report.

"Bringing immunologic tolerance to hand and face transplantation would result in a paradigm shift in how we treat the horrific injuries our service members are sustaining in the current military conflicts, as well for the types of blast-injury extremity loss seen in the Boston Marathon bombing."

IN MEMORIAM

Marie Février

A BELOVED COLLEAGUE and friend, Marie Février, a patient care associate at the MGH, died Dec. 30 at the age of 60. Février, who worked on the Ellison 10 cardiac step-down unit for the past 15 years, was known for her vibrant personality and compassionate care of patients.

"Marie will be greatly missed. Her gentleness and kindness touched thousands of staff, patients and families," says Cristina Bethune, RN, nursing director Ellison 10. "Her dedication to exemplary patient care was evident in her long career at the MGH. Her loss has touched us deeply, but her memory will forever bring smiles to our hearts."

Février was born in Port Salut Cayes, Haiti in 1953. She came to the U.S. in 1988 because she wanted a better life for herself and her family. After attending school in Everett, Février received certificates in phlebotomy and nursing assistance. She began working at the MGH as a patient care associate in 1998.

"I have known and worked with Marie for many years and my heart is very heavy today knowing she is no longer with us. She was a beautiful and gentle soul who loved her family and was so kind to her patients and the nurses," says Lori Mazzarelli, RN, Ellison 10.

"One of my fondest memories of Marie is of her showing off her Zumba moves in the staff lounge. She could dance. Laughter, vitality and energy – she had it all," says Deborah Cupp, RN, Ellison 10.

Février was predeceased by her husband, Joseph. She is survived by two sons, Delson and Odain; a daughter, Daphne; two brothers, Jean Claude Antoine and Jean Rones Antoine; and four grandchildren.

A funeral service has been held.

Charles River
NEWTON
Commonwealth Ave.
HEARTBREAK HILL
WELLESLEY
HALF WAY
NATICK
BROOKLINE
"The Boston Marathon® has really become part of the fabric of the clinic. Our patients look forward to participating in the marathon program-it's something that is talked about all year. It's an amazing experience for the patients and their families and very rewarding for the runners."
– Howard Weinstein, MD
MASS GENERAL MARATHON TEAM
Fighting Kids' Cancer...One Step at a Time
24617
Boston M

#run4mgh

IF YOU HAPPEN TO SPOT someone with an blue MGH headband, it might be a member of one of this year's MGH Boston Marathon teams. For the first time, the MGH will have three charity teams running on April 21. With over 200 members, this is the largest MGH community roster.

This will be the first and only year for the MGH Emergency Response Fund Team, which was made possible by a donation from the Boston Athletic Association (BAA), the nonprofit organization that manages the Boston Marathon. The BAA donated 40 extra bib numbers to eight local hospitals in honor of their work following last year's tragic events. The team will be led by David Brown, MD, chief of the Department of Emergency Medicine. Each member has committed to raise a minimum of $5,000 for the MGH Emergency Response Fund to help support social services for victims and families of disasters and emergency care, disaster relief and disaster preparedness training.

Entering its 17th year, the Mass General Boston Marathon Team, "Fighting Kids' Cancer ... One Step at a Time," will have 50 runners who were unable to finish the marathon last year in addition to the 100 bibs donated by John Hancock for the race. The team, founded and led by Howard Weinstein, MD, chief of Pediatric Hematology-Oncology, hopes to surpass raising $1 million for Pediatric Hematology-Oncology at MassGeneral Hospital *for* Children. Meanwhile, Allen Lapey, MD, director, MGH Cystic Fibrosis Center, will lead the 10 members of the Mass General Cystic Fibrosis Marathon Team in their 14th Boston Marathon.

All three teams have joined forces with Dan Fitzgerald, co-founder and CEO of the South End Athletic Company and the HeartBreak Hill Running Company, who will offer training and nutrition advice and sponsor group runs. Fitzgerald will be tweeting advice via *@Dan_SEAC;* team members are encouraged to tweet or post photographs using the hashtag *#run4mgh.* ■

WINNING PAIR: Weinstein runs past the Mass General Boston Marathon Team's cheering squad at Mile Marker 20 with his patient partner, Carson Spahr of Boston.

Marathon mural inspires

LITTLE BLUE FOOTPRINTS cross a make-believe Hopkinton starting line in the newly unveiled Mass General Boston Marathon Team, "Fighting Kids' Cancer ... One Step at a Time," mural in the Pediatric Hematology-Oncology Unit at the MassGeneral Hospital *for* Children (MGH*f*C) on Yawkey 8. The hallway mural – a physical reflection of the joy, inspiration and hope that defines the marathon team – includes a montage of photos, quotes, news clippings and art capturing the team's legacy.

"The Boston Marathon has really become part of the fabric of our clinic, and this mural showcases the spirit of the marathon," says Howard Weinstein, MD, chief of Pediatric Hematology-Oncology and founder and captain of the marathon team. "It's a great way to physically and emotionally bring patients and families into the experience."

The vision for the wall was inspired by Weinstein, who has run 23 Boston Marathons to fight pediatric cancer. Last winter, he met with MGH*f*C Child Life Specialists Heather Peach, MS, CCLS, and Caroline Armington, MS, CCLS, to brainstorm how to showcase the marathon's importance and tell the story of the marathon team's history. The group met with Bruce Jones, a freelance designer who creates wall murals for the MGH, and together they sifted through volumes of material to create themes for the marathon story – Mile 20, the pasta dinner, quotes from runners and a tribute to the partnership with John Hancock Financial Services. With the 2013 Boston Marathon in mind, the group also acknowledged and honored the team's experience with a small photo and quote on one of the walls. Patients, families and staff have responded in awe.

"We wanted to showcase photos of runners and patient partners on the wall that seemed to reach out and grab people," Jones says. "When we unveiled the wall, one patient's mother walked toward the hallway with her arm outstretched and touched a photograph. It was almost like it drew her to the wall, which is exactly what we were hoping for."

The pediatric patients on the unit are captivated by the mural as well. They have been running their own races from the start to finish lines. Peach says the mural has created a sense of community in the unit especially because the patients can identify with the kids in the photos.

"Everyone who walks through here has heard about the Marathon Team, but we never had a way to showcase it," says Peach. "Now we have a tangible way to create that connection." ■

01.17.14

MGH HOTLINE

Change in *Hotline* schedule

MGH Hotline will not publish Jan. 24 because of the Martin Luther King, Jr. Day holiday. The regular publication schedule will resume Jan. 31.

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

Playing it forward

BRAHMS AND BACH filled the Goethe-Institut Boston on Dec. 15 for the fourth annual Vietnam Vascular Anomalies Center (VAC) Benefit Concert, hosted by the MGH Department of Dermatology and the Wellman Center for Photomedicine. Attended by more than 120 guests, the concert helped raise more than $50,000 for the center.

"Since its opening, the center has helped more than 3,000 children with disfiguring vascular birthmarks, pigmentary lesions and severe scars," said Rox Anderson, MD, director of the MGH Wellman Center for Photomedicine and VAC co-founder. "By eliminating the source of physical dysfunction, social stigma and isolation, the lives of these children have been dramatically improved."

Established in 2009, the VAC is a humanitarian collaboration between physicians from the MGH; Brigham and Women's Hospital; The University of Medicine and Pharmacy of Ho Chi Minh City, Vietnam; the Beckman Laser Institute, Irvine, Calif., and Texas Children's Hospital, Houston. Its mission is to care for underserved children and to promote mutual learning, education, and research in the diagnosis and treatment of life-altering skin conditions.

STRIKING A CHORD: From left, cellist David Fisher, MD, chief of MGH Department of Dermatology; Anderson; and Tran

On Feb. 9, the VAC medical team volunteers will embark on a trip to Vietnam to install new and much needed anesthesia equipment and additional laser machines. "These devices will help meet the overwhelming demand for treatment as well as providing a safe treatment environment for the children," said Thanh–Nga Tran, MD, PhD, of MGH Dermatology and VAC co-founder.

For more information about the VAC, visit *www.vietnamVAC.org*.

— *Padihershef*

(Continued from page 1)

The final speaker of the night, forensic pathologist Jonathan Elias, PhD, of Akhmim Mummy Studies Consortium, described how a facial reconstruction is created. Using the scans, 3-D facial recognition software and a thorough knowledge of mummy forensics, Elias' group developed a sculpted representation of what Padihershef may have looked like 2,600 years ago.

Following the lecture, guests were invited to the unveiling of a new interactive exhibit at the museum featuring a virtual autopsy table – temporarily on loan from the Department of Imaging – that allows visitors to manipulate images of Padihershef with the touch of a finger.

For more information about the Padihershef restoration project and exhibit, email *mghhistory@partners.org*. ■

Russell Museum Lecture Schedule 2014

February 11, 2014 • Noon to 1 pm
Prescription: Music
Lisa Wong, MD

February 20, 2014 • Noon to 1 pm
Mass Immunization in Mao's China
Mary Brazelton, MA, MPhil

February 27, 2014 • Noon to 1 pm
Building Organs for Transplantation
Joseph P. Vacanti, MD

March 11, 2014 • 6 to 8 pm
The Beauty and Threat of an Evolving Reading Brain
Maryanne Wolff, PhD

March 27, 2014 • Noon to 1 pm
How MGH Carries Out the Commitment to the Local Community
Joan Quinlan, MPA

April 8, 2014 • 6 to 8 pm
Planning for Disaster: What Works and Why
Paul Biddinger, MD

April 24, 2014 • Noon to 1 pm
Public Health in America: Continuity and Change from the 1870's to the present
Charles Rosenberg, PhD

May 13, 2014 • 6 to 8 pm
Staying Human in Medicine: from *The House of God* to *The Spirit of the Place*
Steve Bergman, MD

May 22, 2014 • Noon to 1 pm
From Medical Cabinets to Diagnostic Dynamos: A History of the Clinical Laboratories at the MGH
David Louis, MD

June 26, 2014 • Noon to 1 pm
The Story of MGH and Immunological Tolerance for Transplantation
Paul S. Russell, MD, and David Sachs, MD

Dates and lectures subject to change. For all lectures, RSVP to *mghhistory@partners.org*.

01.31.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Honoring Dr. Martin Luther King Jr.

EACH JANUARY, the MGH takes time to honor the life of legendary civil rights leader Rev. Dr. Martin Luther King Jr., whose birthday is recognized and celebrated across the country.

This year's tribute, sponsored by the Association of Multicultural Members of Partners (AMMP) and the Multicultural Affairs Office (MAO), took place Jan. 24 in the East Garden Room. Dianne Austin, AMMP chair and workplace diversity program manager, welcomed guests, and Rabbi Ben Lanckton, of the MGH Chaplaincy, led an opening prayer. "Continue to pray for the strength to finish the journey to 'love our neighbors as ourselves,' " said Lanckton.

UPLIFTING: McElroy's powerful voice fills the East Garden Room

The event also included remarks from Jeff Davis, senior vice president of Human Resources, and MGH President Peter L. Slavin, MD. "It's been nearly 46 years since Dr. King's untimely death. Although I was only 11 years old at the time, I will never forget that moment," said Slavin. "This is a wonderful opportunity to rekindle all of our memories of Dr. King and rededicate ourselves to his teachings and legacy."

Carlyene Prince-Erickson, director of MGH Employee Education and Leadership Development, recognized three of Partners' participants in the Greater Boston YMCA Achievers Program – Nicte Mejia, MD, a physician in the MGH Neurology Department; Esther Maycock-Thorne, manager of MGH Parking and Commuter Services; and Yarixa Vargas, a food services supervisor at Spaulding Rehabilitation Hospital. Prince-Erickson said the

(Continued on page 3)

REUNITED: Johnson, left, with her former Harvard hockey coach, Katey Stone, the first female head coach to lead the U.S. women's hockey team

Johnson sets her sights on Sochi

ANNE HOLLAND "HOLLY" JOHNSON, MD, a Foot and Ankle surgeon in the MGH Department of Orthopædic Surgery, will travel to Sochi, Russia on Feb. 1 to watch – and watch over – the U.S. Women's Olympic Hockey team. Named team doctor last spring, Johnson, a former hockey star at Harvard University, began actively working with players in September, dividing her time between the MGH and the ice.

Q. How are you and the team preparing for the Olympics?

A. The team is focused on their training and skating daily. They have been skating at the Edge Sports Center in Bedford since September and more recently at the Olympic-size ice-sheet at Belmont Hill School. In addition, they build and maintain strength and conditioning with trainers in Woburn. The athletes are focused on getting enough sleep, maximizing their nutrition and generally staying healthy in these last few weeks before our departure. At this point, I am getting organized to leave – making sure I have everything in place to keep the players safe and healthy and to be prepared for any injury or illness that may come up during our travels.

Q. What is your role as team doctor?

A. I am available if they have any health concerns – everything from orthopedic injuries to the common cold – making sure they have the highest level of medical support and maximizing a speedy recovery. We have had a few injuries, but overall everyone is quite healthy and, hopefully, can maintain it. During the month of December, I traveled with the team to Canada and the Midwest for games. This month we have stayed local but played various scrimmages.

Q. What kind of injuries do you normally see?

A. Generally speaking, we see concussions, muscle and tendon strains and overuse injuries. Women's hockey differs from men's because there is no checking, so thankfully there are fewer acute injuries overall.

Q. Do you have any concerns about traveling to Russia for the games?

A. I really don't. My main concern is maintaining the players' health with their rigorous

(Continued on page 2)

Joanne Marqusee named president/CEO of Cooley Dickinson

JOANNE MARQUSEE has been named president and CEO of Cooley Dickinson Health Care, effective March 31. Since 2009, Marqusee has served as executive vice president and chief operating officer of Hallmark Health System, comprised of Lawrence Memorial of Medford and Melrose-Wakefield of Melrose, as well as several ambulatory care centers, a home health agency and a school of nursing.

MARQUSEE

"Joanne has worked at community hospitals and academic medical centers and has seen firsthand the value of being part of a health care network," says Peter L. Slavin, MD, MGH president. "Insightful and smart, she brings strong leadership skills into this new role. I look forward to working with Joanne and the entire Cooley Dickinson team in the months and years ahead as we build upon this nascent relationship and focus our efforts on organizing services in a way that will ensure access to the highest quality affordable care for patients and families in the Pioneer Valley."

Marqusee will succeed current president Craig Melin, who will retire from Cooley Dickinson on Jan. 31 after more than 25 years. Matthew Pitoniak, chairman of Cooley Dickinson Health Care's Board of Trustees, will serve as acting president and CEO from Feb. 1 through March 30.

Cooley Dickinson, located in Northampton, Mass., officially became an affiliate of the MGH and Partners HealthCare on July 1, 2013.

"I am honored and excited to have the opportunity to serve Cooley Dickinson and its community," says Marqusee. "During the past few months, I have had the opportunity to meet so many people involved with the organization and to learn about its proud history. I have been continuously impressed with the commitment of the staff, physicians and board to providing the highest quality care in a comfortable and compassionate environment. I am particularly pleased to be joining Cooley Dickinson as its affiliation with the MGH continues to take shape, and I look forward to helping advance the delivery of services to patients through population health and a broad range of collaborative programs."

Tufts Health Plan Foundation awards grant to MGH Revere HealthCare Center

THE MGH REVERE HEALTHCARE CENTER received a $50,000 grant from the Tufts Health Plan Foundation in support of its innovative Senior Wellness Program. Primary care providers at MGH Revere refer high-risk, socially isolated seniors with at least one chronic disease condition to a multidisciplinary team consisting of a registered nurse, a social worker and a health coordinator. The team works to identify risk factors and establish health behavior change goals focused on physical activity, social activation and self-management of chronic disease. Seniors also participate in tailored health coaching, psychoeducational groups, field trips and physical activities that include tai chi, gentle yoga and strength-training classes. For more information or to make a referral, contact *bmmacintyre@partners.org*, or call 781-485-6062. ■

EXERCISING MIND AND BODY: Seniors practice tai chi at the MGH Revere HealthCare Center.

— *Johnson*

(Continued from page 1)

schedule. Obviously, the media has been highlighting the civil unrest in the area; however, with the heightened alert, I have to believe that the Russian government, the International Olympic Committee and our government have us covered in the Olympic village and at the Olympic venues.

Q. Who makes up the medical team?
A. In addition to my role as team physician, we have an athletic trainer, a massage therapist, and a strength and conditioning coach. At the games, a wide network of medical professionals are present through the United States Olympic Committee to help all members of Team USA.

Q. Are you able to ease player anxiety and stress because you were a hockey player?
A. Coming from the sport, I have an understanding of the game, injury patterns, and their day-to-day training, and this gives me a unique perspective as a physician. I am sure it makes the players feel better that I have a greater level of understanding.

Q. How does it feel to be attending the Olympics?
A. This is an incredible opportunity. I am honored to take care of this unbelievable group of women, and it's amazing to be a part of their ride. I am excited to support them in their pursuit of a gold medal.

The Olympic Winter Games commence on Feb 7. The MGH Department of Orthopædic Surgery is honored to have one of their own support the women's Olympic hockey team. "Holly is an outstanding clinician, a great surgeon and has an in-depth understanding of the game," says Harry Rubash, MD, chief of the MGH Department of Orthopædic Surgery. "She is the perfect person to fill this role, and we hope she and the team bring home the gold medal." ■

CLOSE OBSERVATION: Johnson examines Kendall Coyne, a member of Team USA.

Battling a weighty issue

CURRENTLY NO MASSACHUSETTS LAW prohibits weight-based discrimination in the workplace. W. Scott Butsch, MD, MSc, an obesity medicine specialist in the MGH Weight Center, is working to change that. "When it comes down to basic justice and treating people equally, I think that kind of fairness is not there for people who are obese, like some of my patients," Butsch says.

Butsch, who also is a member of the national Obesity Society's Advocacy Committee, recently testified on Beacon Hill in favor of a bill that would ban workplace discrimination based on height and weight. A similar bill has been proposed for the past 15 years; however, lawmakers on the Labor and Workforce Development Committee voted last October in favor of recommending additional legislation to include height and weight to the protected class descriptions, which already include race, color, sexual orientation and religious creed.

BUTSCH

Despite increased attention to the obesity epidemic in the U.S., Butsch says not enough has been done to stop the bias and discrimination overweight people face every day. "As a state that has been at the forefront of the national conversation on health, it just makes sense that we would be the first state in more than 35 years to pass this."

Michigan is the only state to have an obesity discrimination law for the workplace, and while it remains unclear whether Massachusetts will follow, one thing is certain – Butsch will always be an advocate for his patients. "It's important for us – physicians and health care providers – to continue to be open-minded and try not to let our stereotypes of patients with obesity control our moral judgments." ■

BBJ: Vote for MGH in 'Reader's Choice' poll

THE MGH has once again been named one of the most admired health care companies in the state by the *Boston Business Journal,* as part of its 2014 Most Admired Companies, CEOs and Brands survey. In conjunction with these awards, the *Boston Business Journal* also will announce a "Readers Choice" winner in each of the 10 featured categories.

The deadline to vote in the poll – which also includes Boston Children's Hospital and Blue Cross Blue Shield of Massachusetts – is Feb. 10. In the final days of voting, MGHers and hospital supporters have taken to social media to express their support, offering thanks and congratulatory messages:

- There is no better family than the one I have at the MGH!
- MGH saved my life at the age of 17 years. This coming June, I will have worked for MGH for 40 years. MGH gets my vote.
- MGH is without a doubt the best. By far a higher standard of doctors, nurses and all staff. Blessed to be a patient there.
- MGH is the best!
- MGH is known for taking care of their patients first. But did you know that they take care of their employees as well?!

THE BBJ'S 2014 MOST ADMIRED COMPANIES CEOs & BRANDS

Vote by visiting *http://bit.ly/M9PCTs.*

Winter wonderland

AMANUEL BAYU, 5, left, visits with Wally the Green Monster of the Boston Red Sox, during MassGeneral Hospital *for* Children's Cancer Center Winterfest Program on Jan. 5 at the Liberty Hotel. This annual event brings together pediatric cancer patients, their siblings and family members for an afternoon of respite from the often difficult treatments they endure throughout the year. The event featured caricature artists, nail art, foosball and members of the Hole in the Wall Gang Camp Hospital Outreach Program who entertained guests with crafts and face painting. The program was led by Elyse Levin-Russman, LICSW, of Pediatric Hematology-Oncology.

— *King*

(Continued from page 1)

women are doing their part to keep King's memory alive. "This gives us an opportunity to recognize our own employees for their extraordinary contributions to their communities."

Berklee College of Music's Jubilee Spirit Ensemble culminated the event with a rich repertoire of spiritual songs, led by Grammy-nominated singer Donna McElroy, a professor at Berklee.

"Many people aren't aware that there is a deeper meaning behind this genre of music dating back to slavery," said Austin. "Spiritual songs were actually coded messages between the slaves – about things that were about to happen or about how the slaves were feeling in a given moment. I loved how Donna was able to share a piece of this history with every song." ■

01.31.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit *http://inranet.massgeneral.org*

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find MGH Hotline on the web at [illegible] or by scanning the QR code above.

In the spirit of giving

ON JAN. 17, Spirit Halloween Superstores representatives presented the MassGeneral Hospital *for* Children (MGH*f*C) Child Life Department with a check for $41,775. The donation was the company's largest contribution since it began supporting MGH*f*C through its Spirit of Children program, in which local stores collect donations for area hospital child life departments during the Halloween season.

Sweet treats

ALL BLOOD AND PLATELET DONORS at the MGH Blood Donor Center on Feb. 5, 19 and 27 will enjoy a variety of delicious cupcakes from some of Boston's best bakeries as part of the center's fourth annual Cupcake Tasting Event.

The events run from 7:30 am to 5:30 pm at the MGH Blood Donor Center on White 12. Platelet donors must make an appointment. For whole blood donors, walk-ins are welcome, but appointments are encouraged. Donors will be treated to tasty treats from the following bakeries:

Feb. 5: Rosie's Bakery, Lyndell's Bakery, J.P. Licks and Lulu's Sweet Shoppe

Feb. 19: Cakeology, South End Buttery, Finale Desserts and Curly Cakes

Feb. 27: Flour Bakery, Panificio and Sweet Cupcakes

For more information or to make an appointment, contact Mary Kate Callaway at *mcallaway@partners.org* or 617-726-8171.

Cheering the home team

TO CHEER ON THE New England Patriots in their pursuit of the AFC Championship, MGH Human Resources raffled official merchandise autographed by Patriots players during the week of Jan. 13. Although the Patriots were unsuccessful in their bid, six employees took home prizes. Pictured is Maria Loscertales from Surgery, who won a Tom Brady jersey. Other winners were Elana Klein of Psychiatry and Steven Stufflebeam of Radiology, who both took home Danny Amendola jerseys; Smriti Cevallos of Endocrine, who was given a Shane Vereen football; Denise Sawicki of Emergency, who received a Stevan Ridley football; and Kristin Lichtenberg of Development, who won a football signed by Chandler Jones. More than 4,984 employees participated in the raffle.

02.07.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Desanctis departs after 59 years

EXTRAORDINARY JOURNEY: Desanctis during the 70s and today

"I really feel that I found a little niche in life – that God made a plan for me at the MGH."

FEW PEOPLE CAN SAY they have worked at the same place, in the same profession, for their entire career. But Roman Desanctis, MD, director of Clinical Cardiology emeritus at the MGH, can – and he also can say he would not change a thing.

"The greatest pleasure I have known is being a doctor," says Desanctis. "If some 60 years ago I were to have written down what I wanted to do in life, it would be this.

Desanctis, 83, who was one of the oldest practicing physicians at the MGH, retired last week. He began his career at the hospital as an intern in 1955, fresh out of Harvard Medical School. A native of Arizona, Desanctis had not planned to stay in New England long. He bemoaned the endless winters – had every intention of returning to the warmth of Tucson – but wanted to teach as well as practice, and there was no medical school near his home.

So home became the MGH.

Cardiology was his specialty. He organized the first coronary care unit, serving as its director for 10 years. From 1981 to 1998, he was director of Clinical Cardiology and acting chief of the Cardiac Unit from 1989 to 1991. For the last half century, he has played a pivotal role in teaching and training scores of MGH cardiologists.

In 2007, he became the first recipient of the MGPO Trustees' Medal, which recognizes individuals who have made a monumental and lasting impact on the MGH and its physician community. But despite all of his achievements and accolades, Desanctis believes his greatest success is the relationships he has had with his patients.

"I think if I had to put it into perspective, I'm first of all a doctor, and it's been a sheer joy. I love my patients. I love my practice. I'm not

(Continued on page 4)

Heart smarts

EACH FEBRUARY, the American Heart Association (AHA) shines a spotlight on heart disease. In honor of the 50th anniversary of American Heart Month, the AHA will celebrate its own anniversary of the "Go Red for Women" campaign – an initiative, 10 years strong, that aims to help women build healthier lives free of cardiovascular diseases and stroke.

According to the AHA, heart disease kills nearly 380,000 Americans a year and is the leading cause of death in the U.S. Heart disease is a risk for everyone and is the No. 1 killer of women, causing 1 in 3 deaths each year. The statistics are alarming but there also is good news – heart disease is preventable and controllable.

Cardiologists say one of the best ways to "love your heart" is to participate in regular exercise, even for a few minutes a day. "Choose a moving option whenever possible," says Aaron Baggish, MD, associate director of the Cardiovascular Performance Program in the MGH Institute for Heart, Vascular and Stroke Care. "Use the stairs instead of the escalator or elevator; do one errand a week on foot that you would normally do by car – it all adds up." Adopting a more physically active lifestyle can lower risk of high blood pressure, high cholesterol and diabetes, all contributing factors to heart disease.

If you have high blood pressure, you are not alone: 1 in 3 Americans has hypertension. There are several possible ways to prevent hypertension,

(Continued on page 4)

EAP: Here to help

THE PARTNERS EMPLOYEE ASSISTANCE PROGRAM (EAP), a voluntary and confidential service available to all MGH and Partners HealthCare employees and their immediate household members, recently received a four-year reaccreditation honor from the Council on Accreditation (COA). The COA is an international, independent, not-for-profit, child and family service and behavioral health care organization whose accreditation standards improve service delivery outcomes by developing, applying and promoting high standards. Andrea Stidsen, director of the EAP, explains what the reaccreditation means for the MGH.

Q. How did you attain accreditation?

A. We had to apply for it. Then we submitted documents demonstrating that Partners meets nearly 400 specific employee assistance standards. This was followed by a site visit. If a person comes for assistance, whether it is here at the MGH or in another Partners affiliate, the accreditation ensures that service will be high quality and consistent across all practices.

EAP ACCREDITATION TEAM: From left, Allison Lilly, LICSW; Lisa Staffiere, LICSW; Stidsen; Henri Menco, LICSW

Q. Is it difficult to receive accreditation from the COA?

A. It is a rigorous process and a very difficult accreditation to attain – not many EAPs in the U.S. have it. The COA reviews everything – our clinical process, intake process, what we do with clients, as well as safety, management, financial and organizational issues.

Q. Why is the EAP an important service to Partners?

A. Employers have figured out that, if you want to provide quality health care, you need to make sure your employees are functioning well and operating at their best. You want to be able to assist employees when they need it – that's the basis of the EAP. It is for any type of problem; it could be for issues related to family, financial, work-related or personal stress.

Q. What can people expect when they go to the EAP for help?

A. First, we try to help people identify why they are stressed, what is the root of that stress, and what would be a good path to follow to resolve it. We provide some short-term counseling, if we think that is going to help the person, or we will refer the person to a more appropriate kind of service, or care or resource that will be right for that individual.

Q. What other services does the EAP offer?

A. Our program offers more than individual services. The other major component of the EAP is workplace consultation. For example, if a manager is worried about an employee, their behavior or work performance, we can help the manager look at options to help that employee. One of the foundations of the EAP is confidentiality. The EAP is a safe place where a person can come and talk about whatever it is that may be troubling them. Another EAP service is education and outreach. We offer work/life seminars on a regular basis to the hospital community. We also offer programs for departments including seminars about stress reduction, substance abuse and coping with change. If we can help people get back on their feet and get the resources they need, then we have helped the organization. We are honored to be here and help those who work here.

For more information about the EAP, call 617-726-6976 or visit *www.eap.partners.org*. The MGH EAP office is located at 175 Cambridge St., Suite 320.

Kelly first incumbent to Spallin Professorship

JOHN F. KELLY, PHD, associate director of the MGH Center for Addiction Medicine and program director of the Addiction Recovery Management Service, has been named as the inaugural incumbent of the Elizabeth R. Spallin Professorship in Psychiatry in the Field of Addiction Medicine at Harvard Medical School (HMS). The professorship is named after Kelly's mother, a nurse who, like her son, immigrated to a new country and worked hard to establish herself in the medical field.

"John is a deserving recipient of this professorship. He has focused his research on improving the quality and effectiveness of addiction care, while also serving as an exceptional mentor to the next generation mental health professionals-in-training," said MGH President Peter L. Slavin, MD, during a Jan. 24 ceremony. "The Elizabeth R. Spallin Professorship will provide John with an important resource to sustain his vital work and to make new contributions. He will have the flexibility to pursue his research when financial resources for pioneering investigation are limited."

ADVANCING ADDICTION RESEARCH: From left, Slavin, HMS Dean Jeffrey Flier, Kelly and Rosenbaum

In October 2013, Kelly announced the establishment of the Recovery Research Institute within MGH Psychiatry, which aims to conduct high quality, novel recovery research and to compile this information as a free resource to increase the effectiveness of both treatment and long-term recovery. Kelly is internationally recognized for his work in addiction care. He serves as a consultant to the White House Office of National Drug Control Policy, the U.S. Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, the U.S. Department of Education and the National Institutes of Health, as well as foreign governments.

"I'm deeply honored to be the inaugural incumbent of the first professorship at HMS in Addiction Medicine," Kelly said. "This will facilitate continuous dedicated efforts in research, practice, teaching, and training in addiction. It sends a message also that underscores the importance of addiction in medicine at the highest academic level."

During the ceremony, Slavin welcomed members of Kelly's family and expressed thanks to the anonymous donors who made the professorship possible, remarking on the importance of endowed professorship support for research clinicians like Kelly. Other speakers included Jerrold Rosenbaum, MD, chief of the Department of Psychiatry, who said this professorship – the first of its kind – will advance research and create a legacy in the area of addiction medicine. ■

Next steps for Partners eCare

THE JULY 12 REVENUE CYCLE go live date for Partners *e*Care at the MGH – which includes implementation of new administrative and financial systems that support functions such as registration, scheduling, admissions, coding and billing – is quickly approaching.

Current Systems	Future Epic Modules
IDX Scheduling	Cadence
Patcom Registration	Prelude
Cbeds	ADT
PTS (Patient Transport System)	ADT
Patcom Hospital Billing	Resolute HB
IDX BAR Professional Billing	Resolute PB

The hospital now is in the final stages of testing the Epic-based enterprise system, which was implemented at Newton-Wellesley Hospital earlier this month. It will soon turn its attention to identifying super users – a group of staff to serve as on-the-ground resources for Partners *e*Care at the MGH – and scheduling staff training sessions.

"In the coming months, there will be a significant impact to departments, as staff will need to be trained and all provider schedules and inpatients will need to be converted from existing systems into Epic," says Sally Mason Boemer, senior vice president of Finance. "On behalf of the entire Partners *e*Care team at the MGH, we appreciate your continued hard work and commitment to ensuring the success of this important initiative."

"Training is the point in the Partners *e*Care implementation process when administrative professionals and clinicians become fully engaged in Partners *e*Care," Mason Boemer says. "We are currently in the process of planning the training sessions and will be reaching out to the appropriate departments in the coming months to schedule training for staff, which is slated to begin in mid-May."

Some 8,000 staff members will be trained to use Epic's revenue cycle applications, and education will include both classroom and online sessions with hands-on learning. Department-based super users with additional training will also be on hand to ensure the smoothest possible transition. Operational Readiness workgroups are currently determining the appropriate training for each end-user, based on specific roles.

"We are planning and we are preparing," says Mason Boemer. "I look forward to the successful launch of the revenue cycle portion of Partners *e*Care at the MGH. This will be the first of many major milestones and serve as a model for the implementation of Epic's clinical applications in 2016." ■

Operational Workgroup	Operational Readiness Lead
Admitting	Andrea Crowley, Admitting George Reardon, Patient Care Services
Bed Management/Environmental Services/Transport	Ben Orcutt, Admitting George Reardon, Patient Care Services
Cadence Scheduling & Front Desk	Estelle Mullen, Medicine Beth Souza, RN, Nursing Trish Stevens, Gastrointestinal unit Jason Trella, Practice Improvement
Case Management	Nancy Sullivan, Clinical Care
Emergency Department	Ellen English, Emergency Services John Brennan, Emergency Services
Non-Cadence Ancillaries	Clare Kelley, Radiology Claire Cronin, Radiation Oncology
Obstetrics	Andrea Crowley, Admitting George Reardon, Patient Care Services
Patient Access	Nancy Connery, Admitting
Peri-Operative & Operative Services	Bethany Daily, Operating Room Administration
Registration-Financial Clearance	Joe Ianelli, Admitting Paul Nealey, Patient Service Center
Research	Kay Ryan, Clinical Research Program
Unscheduled Ancillaries	Tim Ross, Pathology

MENTORING CONNECTIONS: Jada, left, with Guerrier

The right chemistry

"WE CONNECTED IMMEDIATELY," says Marie Guerrier, RN, MGH Neurology, when describing her relationship with Jada Robinson, a seventh-grader at the James P. Timilty Middle School in Roxbury. Guerrier and Jada were paired in the fall and met biweekly at the hospital in preparation for the 24th annual MGH/Timilty Science Fair Project, coordinated by the Center for Community Health Improvement. This year, 57 students worked with 63 MGH mentors; another 54 MGH volunteers served as judges for the science fair held Feb. 3 through Feb 5.

"I love music, so that's why I decided to use music in my experiment," says Jada. Her project tested the effect listening to rap music has on a student's ability to focus on homework. She found students who did their homework without listening to music were more productive, and their answers more thoughtful, accurate and complete. In addition, based upon their answers, these students appeared to have been more focused on the homework resulting in responses that were more precise. As for the students who listened to music while doing their homework – their answers appeared rushed, incomplete and less accurate.

Jada wants to pursue a career in forensic science – an interest sparked by watching hundreds of "CSI: Crime Scene Investigation" television episodes at home with her family.

Guerrier, who also serves as a mentor to undergraduate nursing students, enjoyed her first time experience with a middle school student. "We talked about life as well as the science fair. I hope we can stay in touch."

Announcements available online
To read this week's "What's Happening" items, visit http://intranet.massgeneral.org.

MGH 1811

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

— Desanctis

(Continued from page 1)

just a doctor but also a friend."

Three generations of the Mills family have been patients of Desanctis. "I remember driving my mother to her appointments," says Linda Mills. "And she would always say, 'I am on my way to see God – Dr. Desanctis, the man who saved my life.'"

Gentle, kind, empathetic – all adjectives used by patients and colleagues to describe Desanctis – yet he is also humble. Notable patients include King Hassan II of Morocco, former secretary of state Henry Kissinger, and late Celtics coach Red Auerbach; but names and titles mean little to a man who prides himself on the emotional connection he has with all his patients.

CELEBRATING FRIENDSHIP: Desanctis, left, Austen and Andrew Warshaw, MD, MGH surgeon-in-chief emeritus

"He has a sensitivity and an ability to understand – I think more than most – how his patients feel," says W. Gerald Austen, MD, chair of the MGH Chiefs Council. "He is able to transmit that so they feel he really understands, he really cares. It makes a real difference in terms of being able to face some often difficult decisions knowing there is someone like Dr. Desanctis on their side. It makes me sad. We are both the same vintage. There are not many of us left from that era. But my main sadness is for the hospital and his patients."

Austen and Desanctis have known each other for 63 years. They met as classmates at Harvard Medical School and in a strange twist of fate Austen is also Desanctis' godfather. "I wanted to get married during my last year of medical school, and my priest wouldn't marry me unless I was confirmed; Jerry was the only Catholic I knew in Boston. So we went out on a nice April evening, I got confirmed, and Jerry and I have been close ever since. The things he has done here at the MGH are beyond belief. He is so good. He has such integrity," says Desanctis.

Desanctis will not leave the MGH entirely. He plans to continue teaching and assisting with fundraising efforts for the hospital.

"Someone who has been in medicine for almost 60 years has a perspective that might be of some value and maybe we can get the young doctors looking more at the patients and less at their computers," says Desanctis – sound advice from a physician who knows the heart inside and out. ■

— Heart smarts

(Continued from page 1)

says Randall Zusman, MD, director of the MGH Division of Hypertension. "This means following a healthy eating plan, managing your stress and engaging in regular physical activities." When it comes to nutrition, Zusman emphasizes eating plenty of fruits and vegetables and avoiding excessively salted foods such as pickles, pretzels, potato chips, canned soups and vegetables. He says to also remember there is a large amount of salt in breakfast cereals, cottage cheese and many types of bread. "Never add salt to your food," Zusman says.

Even though it is not possible to change a person's genetic makeup, knowing one's family health history can help to reduce the risk of developing health problems. "If your mother, father, sister or brother had a heart attack before the age of 60, be sure to discuss your cardiovascular history with your doctor, and make sure to get your cholesterol checked," says Linda Hemphill, MD, a cardiologist in the Institute. "Familial hypercholesterolemia is passed down through families and can cause heart attacks at an early age."

Maria Vivaldi, MD, director of education at the Corrigan Women's Heart Health Program, urges people to know the symptoms of a heart attack. Heart attacks can present dramatically, but she stresses more subtle symptoms also can be a sign of trouble – especially for women. "Warning signs can include flu-like symptoms, extreme fatigue, chest discomfort, shortness of breath, nausea and sweating. Minutes matter and fast action can save lives."

Malissa Wood, MD, co-director of the Corrigan Women's Heart Health Program, encourages patients to challenge themselves to make one positive health change this month. At the heart of good health is teamwork, Wood says. "Baby steps can result in great strides in health improvement. Recruit your partner, friend, or co-worker to enhance your chance of success. It provides accountability and entertainment; the more the merrier."

Throughout the month of February, the Corrigan Women's Heart Health Program will host several events in honor of American Heart Month and the "Go Red for Women" campaign. For more information, visit *www.massgeneral.org/red.*

02.14.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

HEALTHY AND HAPPY: Darling, front row center, with her Ellison 7 colleagues

Sweet support

HOW NICE, was Amanda Darling's initial reaction when she received the call from her surgeon. *A personal call.*

Darling now laughs at the recollection. "That's actually what I thought," she says. The registered nurse on Ellison 7 recalls how – after working the night shift in May 2013 – she awoke to a voicemail requesting she return the call regarding the results of a core biopsy on a suspicious lump in her breast. "But the doctor said, 'Amanda, I have your results and it's not good. You have breast cancer.' "

She was 27 years old.

It had already been a whirlwind of a year. Darling had just started at the MGH on the Surgical Trauma Unit in January – just days later, her mother was diagnosed with endometrial cancer. "It was a difficult time, but everyone on the unit was just so nice. They didn't even know me, but they were so supportive and worked with me so I could have a flexible schedule to go with my mom during her treatments," Darling says. "And then a few months later, I had to tell them I had cancer."

The ensuing seven months were marked by a medical leave filled with chemotherapy, surgery, and radiation to treat the invasive ductal carcinoma. But, Darling says, her days also were full of an enormous amount of support, generosity and kindness from her colleagues who showered her with cards, calls and prayers. Darling also found a welcome distraction before and after hospital visits in baking cupcakes. "Baking was really a blessing," she says. "It kept me busy, which was perfect. Every time I had treatment, I brought a batch with me to share with staff and patients. I was known as the 'cupcake girl.' "

When Darling's Ellison 7 colleagues heard about – and tasted – her passion for baking, they pooled together funds and purchased a KitchenAid Stand Mixer. It was a top-of-the-line model, Darling says. "And it's pink, of course. They just dropped it off on my doorstep with

(Continued on page 4)

A positive partnership

WHEN CINDY CANDAMIL WAS READY to give birth to her second child at the MGH, she became one of the first patients to benefit from a budding partnership between the midwives of the MGH Vincent Obstetrics and Gynecology Department and Birthing Gently. The Boston-based organization of doulas – nonmedical labor coaches – offers physical and emotional support before, during and after childbirth. The MGH Midwifery Service now offers free doula support to some of its patients through the new volunteer doula program.

"I had a doula when I gave birth to my eldest daughter," Candamil says. "I couldn't imagine giving birth without a doula in the delivery room – I was so grateful I could have one at the MGH."

Midwives have been a vital component of the Vincent Obstetrics and Gynecology Department since its establishment at the MGH in 1994. They

(Continued on page 2)

WARM WELCOME: Candamil with her daughters

— Partnership

(Continued from page 1)

embody a compassionate and family-friendly practice that complements the values of MGH midwives, says Autumn Cohen, a certified nurse midwife at the hospital. "I knew having this type of program would benefit a lot of our patients here. When I was updating the list of doulas in the Boston area, I asked if they offered free or reduced services."

Tara Poulin, a certified doula and founder of Birthing Gently, offered her already-established volunteer program, which coordinates doula services for hospitals in Massachusetts, southern New Hampshire and New York City. "We have nearly 45 birth doulas in the volunteer program. Some of our volunteer doulas are working toward certification; others have been volunteering their services since I started the program 12 years ago."

Volunteer doula services at the MGH typically include one prenatal visit, 24/7 prenatal phone support, attendance at the birth and two hours postpartum, and one follow-up phone call. For Candamil, her experience was a little different. "I met my doula for the first time in the delivery room – I was induced two weeks before my due date – but it felt like I knew her forever. She was very sweet and had a calming presence. She massaged me, guided me through the breathing exercises and helped me cope with the pain."

Cohen says numerous studies have documented that with the support of a doula, women are less likely to have pain relief medications administered, less likely to have a cesarean birth, and report having a more positive childbirth experience. While the statistics are favorable, Cohen adds that it is not all about the numbers. "This is about providing support for women during a life-changing and physically overwhelming time," she says. "We are in the delivery room as much as possible, but there are women who need more. Having that extra person completely dedicated to them really improves the outcome of birth and can make a big difference."

The volunteer doula program gives priority to women who are in the most need, such as those who lack support or who have special health risks. Midwives identify patients who would benefit from a volunteer doula and coordinate efforts with Birthing Gently.

For more information about the volunteer doula program, contact Cohen at *acohen0@partners.org*.

WOUND HEALERS: Members of the MGH Wound Care team

Caring for chronic wounds

WITH RISING LIFE EXPECTANCY in the U.S. and the increasing prevalence of chronic medical conditions, the need for advanced treatment of chronic wounds also is on the rise. Most wounds heal normally over time; however, chronic or slow-healing wounds may require a dedicated approach to help them fully heal.

As a result of this growing patient population, the MGH has expanded its Wound Care Program, which promotes the rapid healing of wounds using skin debridement, advanced topical therapies and dressings, and surgical treatments. The program – organized within the MGH Vascular Center – is led by Michael Watkins, MD, who will serve as its medical director; Virginia Capasso, RN, PhD, advanced practice nurse; and Keith Marple, administrative director.

"The need to better coordinate the expertise of many specialists to care for these complicated patients made this a sound investment for the institution," says Ann Prestipino, senior vice president of Surgical and Anesthesia Services and Clinical Business Development.

"The need to better coordinate the expertise of many specialists to care for these complicated patients made this a sound investment for the institution," says Ann Prestipino, senior vice president of Surgical and Anesthesia Services and Clinical Business Development.

The expanded program now includes wound care in Waltham as well as a new coordinated phone line and electronic referral form to manage patients regardless of the underlying condition. Staff can refer patients with non-healing wounds to the program using the "Wound Care Program" form in CRMS, or at the 6-HEAL referral line (617-726-4325). Given the many different clinical specialties that take part in the care of wounds, a referral coordinator will ensure the right specialists are involved in each patient's care.

"Chronic wounds can be incredibly painful and debilitating, but with the expert collaboration of many teams around the hospital, we can create a comprehensive solution to heal these wounds," says Michael R. Jaff, DO, medical director of the Vascular Center.

For more information, email Marple at *kmarple@partners.org*. ■

A dose of happiness

HAPPY – that is how Maida Chaguan now sees her older sister. But just a few years ago she would have described her quite differently. "Alix lost all of her energy, she barely communicated with us and appeared moody all the time," says Maida Chaguan.

Alix Chaguan, 34, is one of many adults with Down syndrome who also was born with debilitating heart disease. Her health began to decline nearly 11 years ago. "She would wake up in the middle of the night gasping for air," Maida Chaguan says. "When I held her hands, I noticed her fingers were purple."

ALIX CHAGUAN

Alix Chaguan was born with complete atrioventricular septal defect, which is a hole in the wall dividing the heart's upper chambers. Septal defects are common in children with Down syndrome but do not always lead to severe cardiac disease. However, Alix Chaguan's case was severe due to a late diagnosis. "By the time we met Alix, the heart disease had already affected her lungs," says Ami Bhatt, MD, medical director of the Adult Congenital Heart Disease Program in the MGH Institute for Heart, Vascular and Stroke Care. "Because she wasn't diagnosed as a child, she was unable to undergo surgeries that may have prevented her from declining as she got older. MGH cardiologists work closely with patients like Alix Chaguan to manage congenital heart conditions so they can live full, healthy lives."

Taking appropriate precautions and respecting the risks involved treating patients with Down syndrome, Bhatt prescribed a daily medication to decrease the blood pressure in the lungs and help Alix Chaguan breathe easier. "It was nice not to have to do something invasive," Bhatt says. "This was a person who was not feeling well enough to be the person she wanted to be. Alix's story is reflective of many young adults with chronic disease. Over years, patients get used to what they think their lives are supposed to be. It's our job to challenge them and say, 'Do you really feel the best you can?'"

Although Alix Chaguan has limited communication abilities, Maida Chaguan says she can see the change in her sister. "She danced for the first time in years. I know she is happy now. As a sister, it's one of those things you just know."

For more information, visit *http://massgeneral.org/adultcongenitalheart.* ■

ON FEB. 7, National Wear Red Day, visitors to the MGH were surprised and entertained by an impromptu flash mob at Coffee Central. Staff from the MGH Institute for Heart, Vascular and Stroke Care danced to "The Cupid Shuffle" to kick off American Heart Month, which aims to raise awareness for heart health.

The heart hustle

Happy New Year!

ON FEB. 8, the MGH Chinese Scientists and Staff Association hosted its annual Lunar New Year's Day Party to welcome the Year of The Horse. Some 200 attendees celebrated with food, camaraderie and entertainment.

Master of Ceremony Jason Yan introduced more than 50 performers throughout the evening. Traditional Chinese dances were offered by the Cambridge Center for Chinese Culture Dance Group, the Winchester School of Chinese Culture and Hayley Ye.

Musical selections were performed by professional violinists Quan Yuan and Ni-Chun Shih, and ShuXi Wang, a research fellow from the MGH, who played the Guzheng, a traditional Chinese stringed instrument. In addition, Eastern Star Children's Choirs and Minghua L. Chen presented several songs during the event.

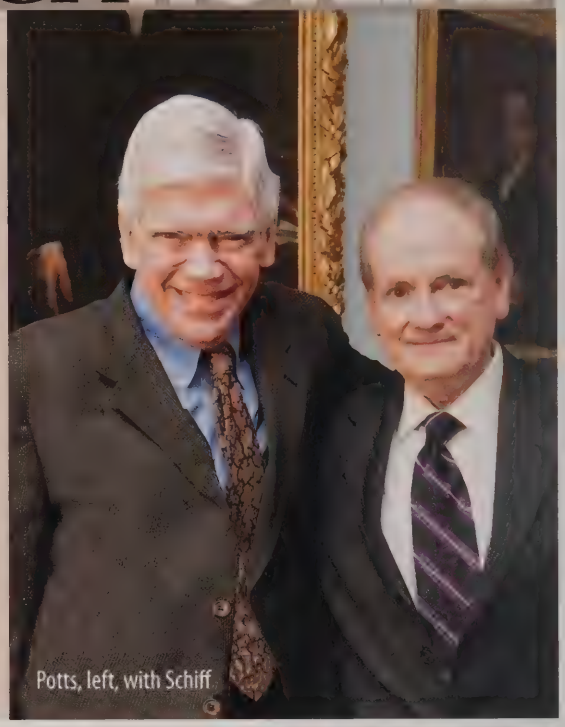
FESTIVE FUN: Performers from the Winchester School of Chinese Culture

02.14.14

MGH HOTLINE

A model mentor

ISAAC SCHIFF, MD, chief of MGH Vincent Obstetrics and Gynecology Department, was presented with the 2013 John T. Potts Jr., MD, Faculty Mentoring Award during a Feb. 12 celebration in the Trustees Room. Given annually by the Center for Faculty Development, the award honors senior faculty members who have demonstrated excellence in helping junior faculty and trainees succeed for 10 years or more. Potts – the award's namesake and first recipient – served as chairman of the Department of Medicine and physician-in-chief from 1981 to 1996 and as director of Research from 1995 to 2004. "John Potts was on the search committee that brought me to the MGH more than 25 years ago," said Schiff. "When I needed support he gave it to me willingly. His advice was thoughtful, compassionate, fair and always useful; he made it look effortless. It is an honor and humbling to receive this award. It means a great deal and I am touched by all the people who are here today."



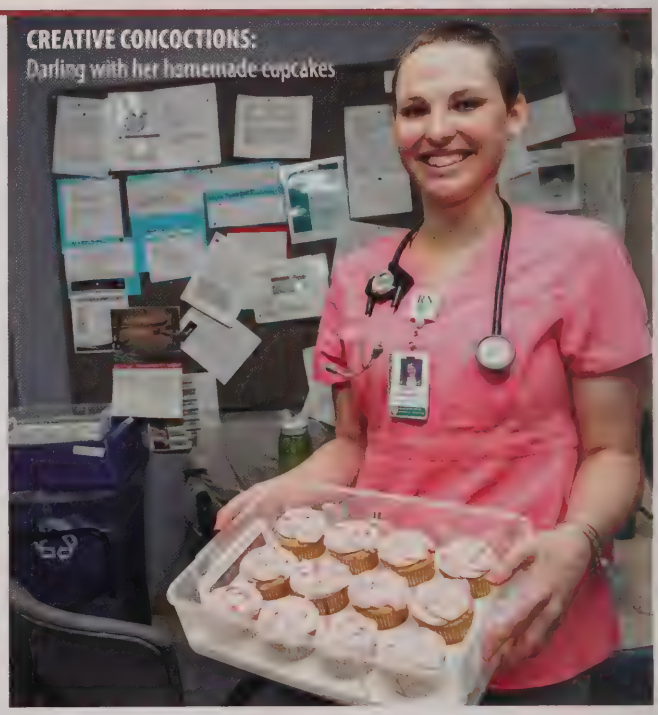
Potts, left, with Schiff

— *Sweet support*

(Continued from page 1)

a beautiful card. I burst into tears. Being a nurse, I didn't freak out when I received my diagnosis. But when that box showed up – that's when I became overcome with emotion. I can't say enough about that floor. They are the greatest crew in the world."

Later that day, Darling logged on to see how much earned time she had left in her account, knowing her balance was nearly depleted. To her surprise, there were 500 hours of earned time – donated by members of the nursing staff. "It was the same day I received the KitchenAid Mixer, so you can imagine I was an absolute wreck and just completely overwhelmed."



CREATIVE CONCOCTIONS:
Darling with her homemade cupcakes

Darling says hours continued to be deposited into her account throughout the duration of treatment, allowing her to be paid for the entirety of her medical leave. "It was just so humbling," she says. But the support didn't stop there. Strength and motivation also came in a variety of other ways from her colleagues. "This floor, these nurses, they literally feel like family to me. They supported me in so many different ways. Nurses, they don't ask you how you're feeling – they just know."

The Ellison 7 team is quick to repay the compliments. "Amanda is one of our own," says Vilma Pacheco, RN. "I think she believes she was the lucky one, but we were the lucky and blessed ones to have watched Amanda fight cancer with such grace, love, kindness and dignity. It was amazing watching her survive."

Darling says she will carry some of the lessons she's learned during her battle into her daily work life. "I think having gone through cancer will make me a more empathetic nurse because I know what it's like to be a patient. And it also might make me a little tougher. I can tell patients, 'I know what it feels like. But if I can do it, you can do it too.'"

With her cancer treatments behind her, Darling returned to work on Ellison 7 on Feb. 1. She came armed with containers of pink-frosted cupcakes, and her colleagues met her with open arms – welcoming her back, all wearing pink scrubs in her honor.

"This whole experience officially made me an Ellison 7 nurse for life," Darling says. ■

Change in *Hotline* schedule

MGH Hotline will not publish Feb. 21 because of the Presidents Day holiday. The regular publication schedule will resume Feb. 28.

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Hanshaw
617-724-0275

ASSISTANT EDITOR
Emily Williams
617-724-2752

EMAIL
hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at www.massgeneral.org/news/hotline or by scanning the QR code above.

02.28.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Nurses on the run

COMFORTING CONNECTION: From left, Tabitha McGinn, Mendoza Brandt, Pyrek and Lux

FOR NEARLY A YEAR, the Boston Marathon bombings and their aftermath have haunted Chelsey McGinn, RN, of the Blake 12 Intensive Care Unit (ICU). In December the MGH gave McGinn an opportunity to honor the victims – and begin her own healing process – by running this year's marathon as part of its Emergency Response Fund team.

"I feel like it's been almost a year now, and I haven't really done anything therapeutic since it happened," McGinn says. "I felt like other people who I worked with found ways to kind of cope with it, but I hadn't really found that. When this came up, I thought this was a perfect way to celebrate how far the victims have come and recognize my co-workers."

McGinn is one of six nurses on her unit who are planning to run the 2014 Boston Marathon – five for charity teams and one as a qualified runner. Most are first-time runners, and all say they are running in honor of the three bombing victims who were treated on the unit.

"I had a really hard time afterward, and it lasted longer than I expected," says Laura Lux, RN, who is running for the American Red Cross. "I'm running because I don't want to be defeated. I know if he could, my patient would be running just to prove a point. Because he can't, I feel like I need to do this for him. After watching what he and his family went through, I feel like it's the least I could do for them."

(Continued on page 4)

A second chance

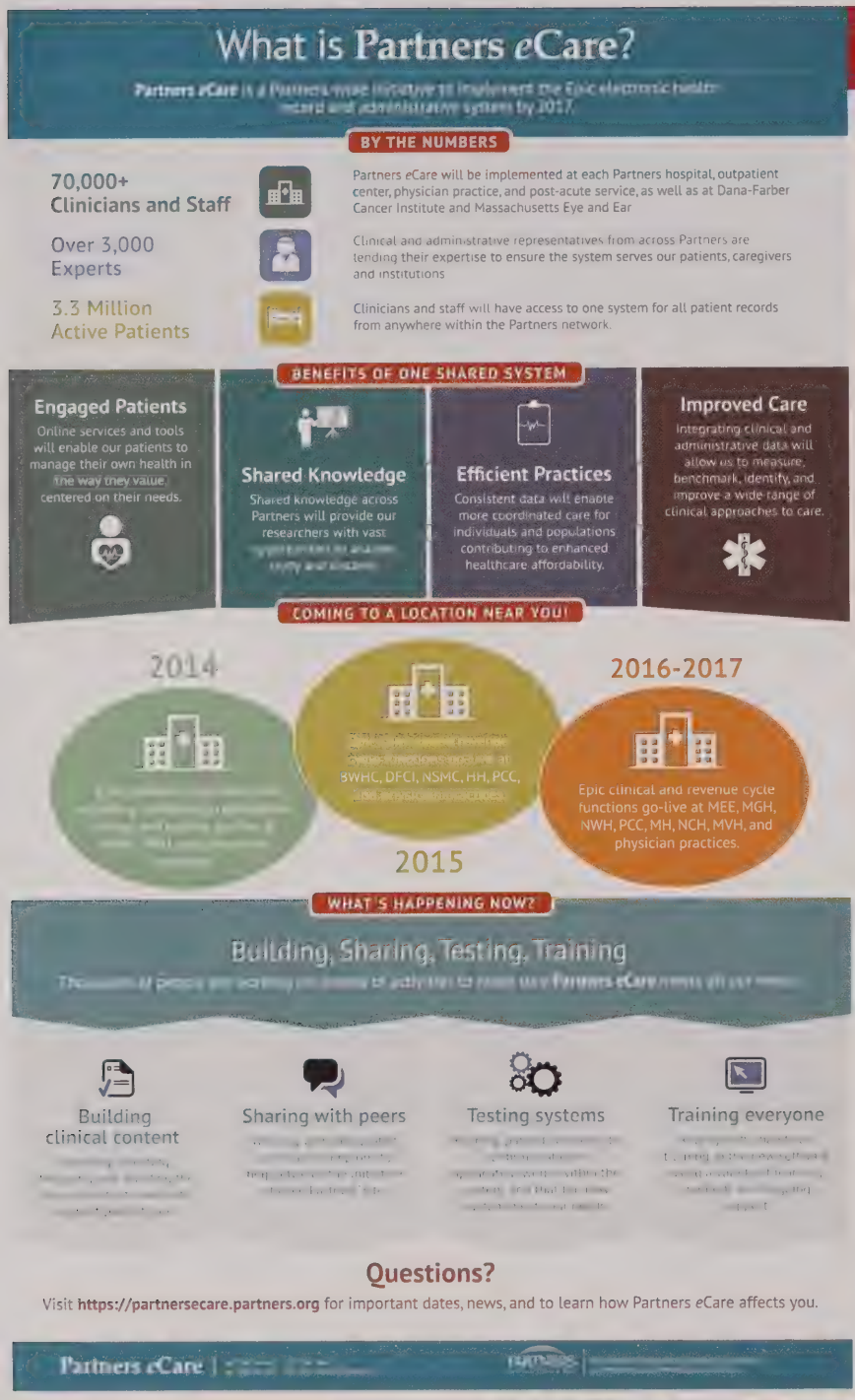
SINCE CHILDHOOD, Keith and Kevin Mullen have shared many life experiences, but the twin brothers never thought open-heart surgery would be on that list.

In November 2012, shortly after their 50th birthday celebration, Keith's health suddenly declined. During a routine medical exam, he mentioned that occasionally he'd been experiencing shortness of breath and chest pain during exercise or any kind of exertion. Unknowingly, these casual remarks may have saved his life.

Keith was referred to Charles Boucher, MD, a cardiologist in the MGH Institute for Heart, Vascular and Stroke Care, for multiple tests, which revealed serious coronary artery disease (CAD). "The situation

(Continued on page 2)

HAPPY AT HEART: Keith and Kevin Mullen one year after their open-heart surgeries.


What is Partners eCare?
BY THE NUMBERS
70,000+ Clinicians and Staff
Partners eCare will be implemented at each Partners hospital, outpatient center, physician practice, and post-acute service, as well as at Dana-Farber Cancer Institute and Massachusetts Eye and Ear
Over 3,000 Experts
Clinical and administrative representatives from across Partners are lending their expertise to ensure the system serves our patients, caregivers and institutions
3.3 Million Active Patients
Clinicians and staff will have access to one system for all patient records from anywhere within the Partners network.
BENEFITS OF ONE SHARED SYSTEM
Engaged Patients
Online services and tools will enable our patients to manage their own health in the way they value, centered on their needs.
Shared Knowledge
Shared knowledge across Partners will provide our researchers with vast
Efficient Practices
Consistent data will enable more coordinated care for individuals and populations contributing to enhanced healthcare affordability.
Improved Care
Integrating clinical and administrative data will allow us to measure, benchmark, identify, and improve a wide range of clinical approaches to care.
COMING TO A LOCATION NEAR YOU!
2014
2015
BWHC, DFCI, NSMC, HH, PCC,
2016-2017
Epic clinical and revenue cycle functions go-live at MEE, MGH, NWH, PCC, MH, NCH, MVH, and physician practices.
WHAT'S HAPPENING NOW?
Building, Sharing, Testing, Training
Building clinical content
Sharing with peers
Testing systems
Training everyone
Questions?
Visit https://partnersecare.partners.org for important dates, news, and to learn how Partners eCare affects you.
Partners eCare

— Second chance

(Continued from page 1)

was so dangerous, we didn't let him leave the MGH," says Boucher. "Keith was a heart attack waiting to happen. It wasn't a question of 'if' he might have a heart attack but 'when.' "

Keith was admitted to the hospital and tethered to heart monitors as he cautiously awaited the next step. "I basically just lived at the MGH for almost a week, counting down the days to my imminent surgery," Keith says. "I thought I would've been out and back to work in a day." Six days later, Keith underwent sextuple coronary bypass graft surgery to treat six blocked arteries. "I didn't have enough passageways for back-up. If the unthinkable had happened, it probably would've been the end for me."

The surgery was doubly a second chance for Kevin, who did not know he was in danger until after his brother's diagnosis. CAD is often hereditary and usually does not present symptoms for several years. As happens all too often, Keith and Kevin didn't realize the full extent of their symptoms or how the heart disease was affecting their lives, until after they were treated.

In February 2013, just two months after his brother's open-heart surgery, Kevin was diagnosed with the same condition and also underwent quintuple bypass surgery to treat five blocked arteries. Thomas MacGillivray, MD, co-director of the MGH Thoracic Aortic Center, performed both surgeries. "These are two relatively young men who had a very serious heart condition. It's very gratifying to see them recover well and to be able to give them an improved quantity and quality of life."

It has been one year since the twins' surgeries, and despite the life-altering diagnoses, they say their lives have changed for the better and even call themselves lucky. Keith and Kevin say they have adapted to a heart-healthier lifestyle, are on a safe exercise plan and have completely transformed their diet. But the biggest change of all? "We hug a lot more," they say.

FAN FAVORITES: MassGeneral Hospital *for* Children (MGH*f*C) patient Cameron Jake Stone, 4, and his father, Jack, second from right, received a visit from Boston Bruins players Dennis Seidenberg, Brad Marchand and Milan Lucic on Feb. 24. The players visited the hospital as part of an auction item sold during the 14th annual Storybook Ball, a fundraiser that supports MGH*f*C research initiatives and patient care service programs.

Camargo receives first Conn Chair

ALASDAIR CONN, MD, chief emeritus of MGH Department of Emergency Medicine who led the department for more than 25 years, was honored during a Feb. 12 ceremony with the establishment of the Alasdair K. T. Conn, MD Endowed Chair in Emergency Medicine. Conn and first incumbent, Carlos A. Camargo, MD, DrPH, of the Department of Emergency Medicine, were celebrated by friends and colleagues at the event in the Emergency Department Training Room.

EXCELLENCE IN EMERGENCY MEDICINE: From left, MGH President Peter L. Slavin, MD; Conn; Camargo; and Brown

"I am thrilled to be a part of this process that allows us to honor Alasdair with an endowed chair, the first in our department," said David Brown, MD, chief of the Department of Emergency Medicine. "And I can think of no more deserving first incumbent than Carlos Camargo, who is our most accomplished research scientist. Carlos brings a tireless work ethic and tremendous integrity to everything he does. He is a leader the MGH can be proud of."

Camargo began at the MGH as an intern in 1990 and quickly developed his twin passions for emergency medicine and clinical research. He founded and still directs the Emergency Medicine Network (EMNet), an international research consortium that aims to improve public health through research and education in emergency care. Internationally known for his work in respiratory and allergy emergencies, health services research in emergency care, and a variety of public health issues, Camargo has published more than 600 papers and mentored numerous students and faculty.

"It is wonderful to be the first incumbent of the Conn Chair. It reminds me what an important role Alasdair played in my career and how much I appreciate the opportunities he has given me," said Camargo.

The endowed chair will provide sustained support for the EMNet and for Camargo's diverse research interests.

"Thank you, Carlos, for your contributions past, present and future," said Conn. "As for me, I am privileged. It has been a wonderful journey and this is part of the culmination." ■

Body image concerns among teen boys can lead to depression, steroid use

"BODY IMAGE CONCERNS are not just a feminine issue. Boys and men struggle with distorted body image too, and some who feel they are unable to achieve 'perfection' are really suffering and may be taking drastic measures," says Aaron Blashill, PhD, staff psychologist in the MGH Behavioral Medicine Service and lead author of two new studies published on the subject in the journal *Psychology of Men and Masculinity.*

In the first study, researchers looked at body distortions and found that teenage boys who viewed themselves as too skinny but were actually of average weight or heavier were more likely to experience depressive symptoms such as feeling sad and hopeless, as well as thinking about and even attempting suicide.

In the second study, investigators focused on perceived body weight and found boys who viewed themselves as underweight were not only more likely to be depressed but also were at an increased risk of being bullied or using steroids.

BLASHILL

"Teenage girls tend to internalize and strive for a thin appearance, whereas teenage boys tend to emphasize a more muscular body type. Unfortunately, these concerns in men are sometimes chalked up to vanity, and many may not seek out treatment," Blashill says. "However, this is a serious issue and the potential effects are troubling. There is help available for both sexes in the form of cognitive behavior therapy and other treatments."

For information on therapies to help manage body image concerns, call the MGH Psychiatry Outpatient Triage Line at 617-724-7792.

02.28.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit http://intranet.massgeneral.org.

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find MGH Hotline on the web at [illegible] or by scanning the QR code above.

The MGH honored as 'most admired'

FOR THE SECOND CONSECUTIVE YEAR, the MGH was named the Readers' Choice Most Admired Health Care Company in Massachusetts during the *Boston Business Journal's* 2014 Most Admired Companies, CEOs and Brands luncheon on Feb. 14. MGH President Peter L. Slavin, MD, accepted the award and dedicated it to all of Boston's first responders, who last April and every day provide Bostonians with quality, compassionate care. Earlier this year, the *Boston Business Journal* named the MGH as one of the most admired health care companies in the state, along with Boston Children's Hospital and Blue Cross Blue Shield. The hospital then received the Readers' Choice honor after carrying 60 percent of the vote in an online poll in which 14,554 votes were cast.

Slavin with the hospital's award

— *Nurses*

(Continued from page 1)

Lux says she felt an immediate connection with her patient and his family. "Despite everything they were just so determined and so strong," she says. "Everyone was angry, but there was good coming from it too. We got to know each other because of it. I felt like he was a family member. It's the most personal experience of my career."

Lux's experience is similar to that of the other nurses who are running, including Emily Erhardt, RN, a trauma ICU nurse and member of the MGH Emergency Response Fund Team, who has stayed in touch with her patient and his family since they left the hospital. "This event affected everyone, so it was one of the few times in my career that I felt like all I could do with the family was cry with them. It's such a terrible thing that happened that there aren't words to comfort them. You just have to be there for them," she says. "A year ago they were strangers to me, but now they're the most inspiring people in my life. I'm not much of an athlete, but I was really affected by the whole thing, and I wanted to do something more."

Allyson Mendonza, RN, who is running for the Mass General Marathon Team "Fighting Kids Cancer … One Step At a Time," recalls the moment she knew she too wanted to do something more. Mendonza says her patient had just returned from surgery when she was told President Barack Obama was coming to visit. The woman was excited but was distraught about her appearance, so Mendonza and her colleague soaked her nails and helped shampoo and condition her hair to wash out the cement and clumps of dried blood.

"We just tried our best to make her feel better about herself and feel good for the day ahead. She actually fell asleep. When she awoke, she said, 'This is the most relaxed I have felt in days.' It was just so emotional for us and for her," Mendonza says.

Caring for the marathon victims brought the unit closer together, and staff once again have come together to support and encourage their fellow colleagues.

"The teamwork and the camaraderie were amazing," says Katherine Pyrek, RN, who was the charge nurse during the week of the bombing. "Every one of the nurses was affected by what was going on, but they stayed strong and carried on. The bonds the nurses made with the patients and their families were incredible and really went above and beyond."

Pyrek, who is running for the Mass General Marathon Team, says the Blake 12 runners offer each other advice and encouragement to help in the training process. "We remind why we're doing this – for our patients and their families," she says. "I think about the patients when they were in pain and how scared they were. I think that if they get through it then I can get through however many miles I need to run."

The runners all say they look to Meredith Salony, RN, a veteran marathoner who qualified for the marathon, for guidance. "I'm so proud to be in this unit where there's so much enthusiasm. Even the people who aren't running are trying to help out and organize events and find ways for people to contribute," Salony says.

Each of the nurses says they are overwhelmed when they imagine how they will feel on Marathon Monday.

"I think it'll be really therapeutic and empowering," McGinn says. "I'm honored to be a part of it. If I'm ever going to run a marathon, this is the one I want to run. I'll always remember the way I felt at work that night, and it's going to be a really nice thing to be able to remember this feeling for the rest of my life too."

This is the first in a series of articles that MGH Hotline will publish about staff running in this year's Boston Marathon. ■

03.14.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

UNBREAKABLE BOND: Jeffrey and Janet Gelfand

Creating hope from loss

WHEN JEFFREY GELFAND, MD, senior scientist at the Vaccine and Immunotherapy Center (VIC) at the MGH, came to the hospital in 1999 intent on developing international programs to improve health care, he had no idea his work would hit so close to home.

"Nine months later, my wife was diagnosed with ovarian cancer," says Gelfand. "My personal war on cancer began."

Over the course of six years, Janet Gelfand was treated at the MGH. "As we know the long-term efficacy of standard therapy for this disease can be very limited," says Mark Poznansky, MD, PhD, director of VIC. "So additional early forms of immune therapy were attempted and Janet bravely tried these, but unfortunately succumbed to cancer."

Inspired by her memory, Gelfand and his MGH colleagues set out to create a vaccine to attack tumors in patients already diagnosed with cancer. "We developed a cancer immunotherapeutic agent named after my wife called Jantibody."

On March 5, the work describing this novel approach to cancer immunotherapy was published in the *Journal of Hematology & Oncology.*

(Continued on page 4)

Fifty stars honored for safety

NOMINATED BY PEERS for their efforts to improve and enhance patient safety at the MGH, 50 Patient Safety Stars were honored at the fifth annual Patient Safety Star Appreciation Breakfast on March 5 in the East Garden Room. The ceremony, hosted by the MGH/MGPO Center for Quality and Safety, was part of a weeklong series of events recognizing National Patient Safety Awareness Week, March 3 to 7.

"I believe when we work together, we make a difference," said honoree Mirna Cruz Bari, a unit service associate for Patient Care Services. "I always do my best; I believe it is my job to make the hospital safer." Cruz Bari, who found a syringe hidden in a patient's bathroom and alerted the patient's nurse, was recognized for promoting teamwork and for serving as a reminder of correct clinical staff procedures.

Other Patient Safety Stars included ultrasonographer David Hunt, who works in MGH Imaging. When a biopsy device malfunctioned, Hunt submitted a detailed report that ultimately led to a manufacturer redesign of the device. "It's nice to be recognized for doing the right thing," said Hunt.

MGH President Peter L. Slavin, MD, welcomed guests to the ceremony and thanked all the awardees for their

(Continued on page 2)

STARS ALIGNED: Elizabeth Mort, MD, MPH, senior vice president of Quality and Safety and chief quality officer, left, with Cruz Bari

— Stars honored

(Continued from page 1)

efforts. "I think everyone knows that we have no greater responsibility than to make certain care is as high quality and as safe as possible," said Slavin.

Other Patient Safety Awareness events included a MassGeneral Hospital *for* Children pediatrics grand rounds discussion, "What If ... We Never Harmed a Patient: The Journey to a High Reliability Organization," with keynote speaker Steven Muething, vice president for Safety at Cincinnati Children's Hospital. In addition, the Neurology Department hosted a lecture, "The Patient-Doctor Relationship and End-Of-Life-Care," with guest speaker Didier Sicard, chairman of the End-of-Life Committee in the French Government.

Throughout the week, posters were on display featuring this year's theme, "Your Steps to Safer Health Care," serving to reinforce the role a patient plays in improving safety while at the hospital – such as avoiding falls, preventing infection and being aware of medication safety. MGH staff, patients and visitors also had the opportunity to visit information tables staffed by quality and safety experts.

"Patient Safety Awareness Week reminds us just how much we are doing every day at the MGH to keep our patients safe," said Millie LeBlanc, RN, patient safety specialist.

SAFETY STAR: Mort, right, with Hunt

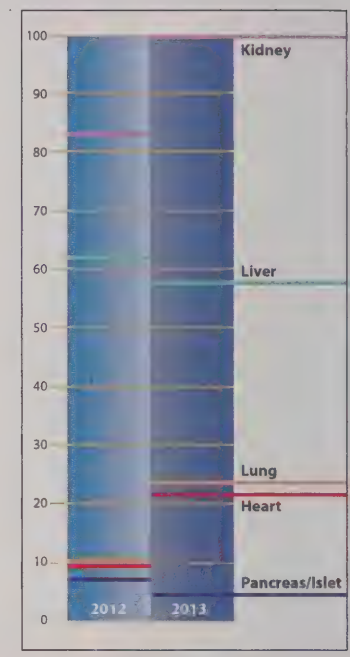
Transplant Center has record year

2013 WAS A RECORD-BREAKING YEAR for the MGH Transplant Center with 207 transplants performed. The previous record was set in 2012 with 170 transplants.

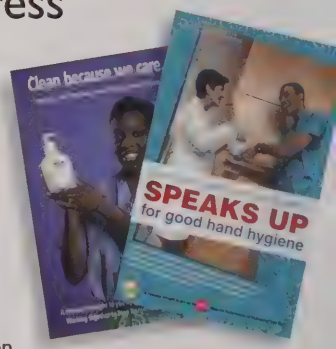
According to data recently released by the United Network for Organ Sharing (UNOS), the 22 percent growth also has landed MGH in the top spot for most transplants performed in the region, not only in 2013 but also in the national organization's nearly 30-year history of recording transplant volume.

Joren C. Madsen, MD, DPhil, director of the hospital's Transplant Center, says the growth is due to an alignment of processes that includes care redesign, outreach, personnel recruitment and the efforts of the entire Transplant Center staff who work tirelessly to go above and beyond, each and every day.

"The more transplants we do here at the MGH, the more lives are saved," Madsen says. "Everyone who is affiliated with the Transplant Center has a hand in that. The care for each transplant patient involves a minimum of 15 disciplines or role groups throughout the referral, evaluation, listing, transplant and post-transplant phases. It truly 'takes a village.' We provide first class patient care and as you can see, the results are inspiring." ■



Hand hygiene – a decade of progress



HAND HYGIENE has long been recognized as one of the most important actions that can be taken to stop the spread of germs. This month marks 10 years since the hospitalwide rollout of the MGH Hand Hygiene Program, developed by the Stop the Transmission of Pathogens (STOP) Task Force.

"By the year 2000, studies had shown that health care workers averaged less than 50 percent compliance with recommended hand hygiene practices nationwide, and drug resistant infections were on the rise," says Judy Tarselli, RN, of the Infection Control Unit.

Established in 2002 by the Centers for Disease Control and Prevention, the current hand hygiene guidelines for health care workers require the use of an alcohol-based hand rub before and after contact with every patient or patient's environment, in addition to washing and moisturizer use.

"The MGH Hand Hygiene Program has been successful in improving our practices, achieving excellence in compliance and reducing the risk of infections," says Tarselli.

Hospitalwide compliance rates climbed from 8 percent before contact and 47 percent after contact, to as high as 94 percent before contact and 97 percent after contact, adds Tarselli. "Some units and practice groups routinely achieve 100 percent compliance and MRSA (methicillin-resistant staphylococcus aureus) infection rates at the MGH have reached historic lows."

Tarselli credits the program's performance to various hospital initiatives including increased Cal Stat availability, continuous education, peer influence by more than 150 hand hygiene champions, poster and publicity campaigns, rewards, leadership support and a cultural change that encourages staff to speak up for hand hygiene excellence.

"MGH has shared its success with other hospitals across the country and around the world, but it is important we do not rest on our laurels," says Tarselli. "As a large teaching hospital, we are constantly faced with new people, new technologies and an ever-changing work environment – all of which can pose new challenges."

Most recently, efforts have been focused on the safe handling of smartphones in the clinical setting. "Smartphones can improve communications and enhance care but can also become contaminated during routine use and handling. Studies elsewhere have shown that more than 90 percent of all cell phones are contaminated with at least one pathogen," Tarselli says. "But good hand hygiene and cleaning practices can allow us to use these tools without increasing the risk of infection."

To celebrate the 10th anniversary of the MGH Hand Hygiene Program, the STOP Task Force will host an event in the Eat Street Café on March 21 from noon to 1 pm. All are welcome. ■

Hitting the pavement for two special patients

WHEN AURA OBANDO, MD, a medicine-pediatrics resident in her last year of residency, looks back upon her time at the MGH, her thoughts always return to the Sanchez-Ruballos family. Her time treating siblings Saul and his older sister, Lizany Sanchez-Ruballos, during her first year of residency was both the worst and best patient experience of her fledgling career.

Obando will run the Boston Marathon in their honor as part of the Mass General Marathon Team, Fighting Kids' Cancer ... One Step at a Time, which raises money for the Pediatric Hematology and Oncology Unit. Lizany, 5, will serve as her patient partner.

"I've been caring for patients like Saul and Lizany for the last four years and I've seen a lot of ups and downs," Obando says. "This was an opportunity for me to give back."

Obando's friendship with the Sanchez-Ruballos family began three years ago, during her first rotation in the Neonatal Intensive Care Unit. Saul, then 3 months old, was being prepped for an early morning emergency surgery.

"He was really sick," Obando says. "We told the family we weren't sure he would survive the surgery."

His parents, who primarily speak Spanish, requested a priest baptize him, but because of the early hour there were no Spanish-speaking priests available. Obando, a certified Spanish language interpreter, was asked to translate.

"I couldn't even look at the family," Obando says. "I just had to repeat the words in Spanish because I knew if I looked at them, I wouldn't be able to interpret. Finally, as we were finishing I looked at them and that was it for me."

Early the next year, Obando was working on a pediatric floor when Lizany was admitted. Despite interacting with multiple doctors, it was clear to Obando that Lizany's father did not understand his daughter's diagnosis.

"I found myself telling him that she had leukemia while watching his face and seeing how he held her tighter," Obando says. "I thought, 'My God this family has gone through so much and here I am going through something horrible again with them.' "

But the family says it was Obando's support that held them together. "Every time my husband and I were with Saul and Lizany in the hospital, I remember Dr. Obando being there for us," says Lillian Ruballos, the children's mother. "It was nice to have a confidant at a time that was so stressful for us."

Obando has followed Saul and Lizany's progress and both are doing well. Saul is a happy and healthy 3-year-old, and Lizany is now in remission. "It was so difficult for me to process the bad luck this family had," Obando says. "Now they are doing so well. They turned out to be two of the most powerful patient experiences in my training."

Obando is excited to interact with Lizany as her patient partner for the Boston Marathon. "It's just really special," says Obando. "I've been thinking about what I'm going to say to them when I see them and how it will be totally different this time."

On April 21, the Sanchez-Ruballos family will return the favor and cheer for Obando as she runs past mile marker 20. "To me, she is more than a doctor, she is a friend," Ruballos says. "We are so happy and proud of her for running. Not only is she taking the time to run for my children, but also for all of the other patients at Mass General Hospital *for* Children." For more information about this year's teams, visit *www.runformgh.org.* ■

This story is part of a series of articles that MGH Hotline will publish about the teams and team members supporting the MGH as part of this year's Boston Marathon.

GIVING BACK: Obando with Saul and Lizany

Announcements available online
To read this week's "What's Happening" items, visit [illegible]

Submit news tips and story ideas to *MGH Hotline*

EDITOR
[illegible]
617-726-[illegible]

ASSISTANT EDITOR
[illegible]
617-724-[illegible]

EMAIL
[illegible]

MAIL
[illegible]

MGH Hotline is published weekly by the MGH Public Affairs Office

Printed by HGH Reprographic [illegible]

MGH Hotline is printed on recycled paper

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

'Together to end stroke'

ROST

NATALIA ROST, MD, MPH, director of MGH Acute Stroke Services, addressed the importance of a statewide approach to treating stroke patients during the American Heart Association's Stroke Lobby Day event, "Together to End Stroke," on Feb. 25 at the Massachusetts State House. "It is critical we advocate for coordination of resources and expertise along the continuum of stroke prevention, public awareness, emergency response, acute stroke diagnosis and treatment, in-hospital stroke care, recovery and continuous quality improvement initiatives," said Rost.

Revere High School students Samantha Eligene and Kelsey Dupont also served as guest speakers at the event, sharing a poem they wrote about recognizing signs of stroke. Samantha and Kelsey are both MGH Youth Scholars who participated in a four-week stroke education series developed collaboratively among the MGH Stroke Service, the Institute for Heart, Vascular and Stroke Care and the MGH Center for Community Health.

The event also featured stroke survivors and advocates who came together to bring awareness to policymakers about stroke prevention and improving the quality of care stroke patients receive.

— *Creating hope*

(Continued from page 1)

POZNANSKY

"Some approaches to creating cancer vaccines begin by extracting a patient's own immune cells, priming them with tumor antigens, and returning them to the patient, a process that is complex and expensive," says Poznansky, senior author of the report. "Our study describes a practical, potentially broadly applicable and lower-cost approach that could be used by oncologists not just in facilities able to harvest and handle patients' cells."

> "Janet's struggle with ovarian cancer and Jeff's dedication to finding new treatments have been a major motivation for our team to accelerate the development of novel immune-based therapies and to contribute to ongoing research efforts in this new and exciting field."
>
> — Mark Poznansky, MD, PhD

The MGH team's vaccine stimulates the patient's own dendritic cells – a type of immune cell that monitors an organism's internal environment for the presence of viruses or bacteria. It ingests and digests pathogens encountered and displays antigens from those pathogens on their surface to direct the activity of other immune cells.

"Many patients with advanced cancers don't have enough functioning immune cells to be harvested to make a vaccine, but our protein can be made in large amounts to work with the immune cells patients have remaining," says Gelfand, the study's co-author. "We have created a potentially much less expensive approach to making a therapeutic cancer vaccine that generates an immune response against multiple antigens. Now if we can combine this with newly described ways to remove the immune system's 'brakes' – regulatory functions that normally suppress persistent T-cell activity – the combination could dramatically enhance cancer immunotherapy."

Poznansky says this approach could ultimately be used to target several different types of cancer, including ovarian and pancreatic cancers, and mesothelioma. "Janet's struggle with ovarian cancer and Jeff's dedication to finding new treatments have been a major motivation for our team to accelerate the development of novel immune-based therapies, and to contribute to ongoing research efforts in this new and exciting field." ■

03.21.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Study shows positive outcome in breast reconstruction surgery

A NEW MGH STUDY is one of the first to detail the outcomes of breast reconstruction surgery after having a nipple-sparing mastectomy, and this new, hard data, researchers say, is good news. In the journal *Plastic and Reconstructive Surgery,* researchers looked at 500 reconstructions performed at the MGH over a five-year period.

"Immediate breast reconstruction after a nipple-sparing mastectomy is quite successful for the vast majority of patients, and the complication rate is low," says Amy S. Colwell, MD, of the Division of Plastic Surgery and lead author of the report. "Nationally, when the procedure was first performed, there was a relatively high rate of nipple and skin loss. We aren't seeing that as much anymore."

Nipple-sparing mastectomies have become increasingly popular. Patients often say they want to preserve as much of their own breast as possible, including the nipple. "Reconstruction after nipple-sparing mastectomy often yields better cosmetic results since the natural nipple is preserved," says Colwell. "With the popularity of the surgery, we wanted to really analyze the patient outcomes and make sure that this was a successful and safe procedure for women undergoing breast cancer treatment or taking preventative measures."

(Continued on page 4)

COLWELL

COLORFUL CANVAS: Megargel at work

The art of inclusion

WHEN BILLY MEGARGEL WAS SEARCHING for his voice, he found it in his paintings.

Diagnosed with autism at age 2, Megargel, now 24, has barely uttered a word throughout his entire life. Instead, he communicates through a voice output Toughbook personal computer and with an arsenal of tools including brushes, rollers and bubble wrap.

"Complex medical issues prevented Billy from attending school," says his mother Eve Megargel. "Homebound due to chronic pain, Billy began to paint."

The family converted their garage into a studio where Megargel listens to opera, jazz and rock 'n' roll while painting with combustions of color and texture that his mother says evoke whatever mood he may be in on any given day. His talent has caught the attention of several area business and organizations, and he has had exhibits at Jewish Family & Children's Service in Waltham, Lesley College, several Starbucks locations and, most recently, a display at the MGH where he is a patient.

"When I first saw Billy's artwork, it was through a video that his mom Eve shared with our Pediatric Family Advisory Council," says Debbie Burke, RN, MGH associate chief nurse. "I felt like displaying his art at the hospital was a way to give a voice to those with autism who may not be able to express themselves in other ways."

On Feb. 25, five pieces of Megargel's art were hung in the Center for Perioperative Care on Wang 3 and Lunder 3 and two more will be delivered to the hospital next week. His work also is on display at the Lurie Center for Autism at the MassGeneral Hospital *for* Children.

(Continued on page 4)

Partners HealthCare at 20 – moving forward together

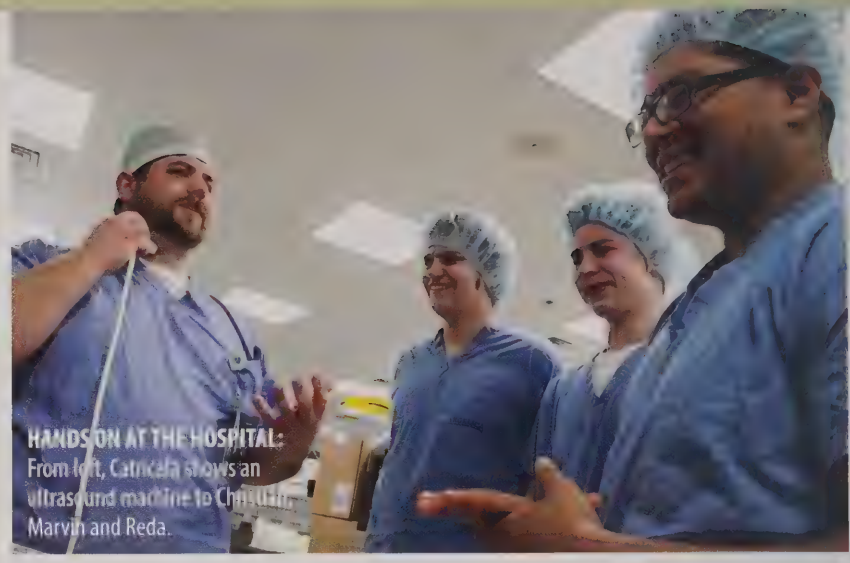
ON MARCH 18, 1994, Partners HealthCare was born, the realization of an agreement between the MGH and Brigham and Women's Hospital. The vision of those hospitals' leaders was to build an integrated health care system that would excel in patient care, teaching, research and community service. At a Dec. 8, 1993, press conference announcing the plan, then-BWH President Richard Nesson, MD, said the merger was about "how we can better serve the community and serve our mission."

Since then the system has expanded and now includes more than a dozen acute, non-acute and specialty hospitals, community physicians, partnerships with dozens of community health centers, and a managed care organization offering affordable care to the underserved.

Over the years, Partners has undertaken a number of broad, multi-year initiatives that leverage all systems together in support of this vision. Among them are:

- Pledging to find $300 million in operational efficiencies and cost savings across the organization to support patient affordability.
- Acting as an Accountable Care Organization aimed at improving care while reducing costs through better coordination and reorganizing the way care is delivered for the most complex patients.
- Affiliating with Neighborhood Health Plan to improve access to community-based care – particularly for underserved patients – to coordinate that care more effectively, and to provide it more affordably.
- Investing in a single electronic health record – Partners eCare – that will ensure that providers have all the information they need to provide the very best patient care.

"After 20 years, our vision is as clear and focused as ever," said Partners President and CEO Garry Gottlieb, MD. "Our commitment to our mission, our patients, and the communities we serve is paramount. We embrace our role as a leader in delivering the highest-quality care that is affordable and accessible for those we serve – today, tomorrow and for generations to come."



HANDS ON AT THE HOSPITAL: From left, Catricala shows an ultrasound machine to Christian, Marvin and Reda.

Preparing for the future with Job Shadow Day

THE MGH IS A POPULAR PLACE for high school students seeking exposure to health careers, so in demand that Tracey Benner, coordinator of Youth Programs in the MGH Center for Community Health Improvement, decided to expand the hospital's annual National Job Shadow Day into two days. On Jan. 31 and March 14, 100 students visited with 46 MGH staff members in 31 departments for a glimpse into various careers at the hospital. "Job Shadow Day helps students gain awareness of the skills needed for certain jobs, identify career interests and understand the relevance of school-to-work and careers," Benner said.

East Boston High School students Reda Darouanou, Marvin Landaverde and Christian Franco shadowed Joe Catricala, lead anesthesia technician in the Department of Anesthesia, Critical Care and Pain Medicine, during his morning on Gray 4. Catricala says he had participated in a job shadow program – following EMTs and nurses – when deciding on a career path and the experience played a key role in his decision to enter the medical field. He thoroughly enjoyed offering the opportunity to the next generation of health care professionals. "I was extremely impressed with the students' questions and their willingness to learn all aspects of our work environment."

The Department of Anesthesia, Critical Care and Pain Medicine also provides jobs for students during the summer and a five-week curriculum for 10th- and 11th-graders in the MGH Youth Scholars Program during the school year. For more information about volunteer opportunities, contact Margo McGovern at *mjmcgovern@partners.org.* ■

Building a system: affiliation chronology

1994 The MGH, Brigham and Women's Hospital, McLean Hospital, Spaulding Rehabilitation Hospital, plus several hospital-affiliated community health centers

Partners Community HealthCare, Inc. (PCHI)

1996 North Shore Medical Center (Salem Hospital and Shaughnessy-Kaplan Rehabilitation Hospital)

Joint venture with DFCI establishes Dana-Farber/Partners CancerCare

1997 AtlantiCare (Union Hospital) joins NSMC and Partners

1998 Faulkner Hospital

1999 Newton-Wellesley Hospital

2000 Youville Hospital joins SRH and Partners

Partners Home Care

2006 Martha's Vineyard and Nantucket Cottage hospitals join MGH and Partners

2009 Massachusetts Mental Health Center, in collaboration with the Massachusetts Department of Mental Health

2010 Spaulding Rehabilitation Network formed, including Rehabilitation Hospital of the Cape and Islands

2012 Neighborhood Health Plan

2013 Cooley Dickinson Hospital

#Givingback

"I THOUGHT VERY HARD about whose name I wanted to wear across my chest and it had to be the MGH, there was no other option for me," says Bridget Hanahan, 29.

Hanahan was so determined to run the Boston Marathon for the hospital, she and her friends launched a Twitter campaign #draftBridget to get her onto the Emergency Response Fund Team. Her efforts charmed the committee, and she earned a spot. "The MGH meant so much to me when I was down and out, and I've never had a better hospital experience than I had there," Hanahan says. "I'm really proud to represent the MGH."

When she was 7 years old, Hanahan, who grew up in Philadelphia, had a tumor removed from her abdomen. Exactly 20 years later, the scar tissue wrapped around her intestines caused extreme pain and led to a bowel resection at another Massachusetts hospital. After the surgery and several complications left her with scars all over her stomach and a damaged abdominal wall, she came to the MGH last year to have the damage repaired.

SUPPORT RUNS DEEP: Hanahan and her supporters during the 2013 Boston Marathon

"After dealing with doctors for years, I was blown away with the way Drs. Peter Fagenholz and Miguel Medina got to know me as a patient and applied that to their treatment," Hanahan says of the MGH surgeons who cared for her. "Literally eight weeks after the last surgery, I was lacing up and training for the 2013 Boston Marathon."

Although a seasoned marathon runner, Hanahan says she viewed her first Boston Marathon as a way to bounce back from a difficult year. She had trained extensively and had just crossed the finish line when the first bomb exploded. "In the months that followed, I had such a hard time reconciling this event that was so important for me. It was supposed to have signified a comeback in my own life," she says.

She turned to her running community for support, but it was while listening to a radio interview with Fagenholz when inspiration struck. "Hearing Dr. Fagenholz I thought,'Oh my God, that's my doctor. Look what he's doing. That's my hospital,' " Hanahan says. "I was so inspired by the work of the doctors and nurses. I really needed to be a part of it this year, and I needed to be on the MGH team."

As she trains for next month's race, Hanahan says she feels like a Bostonian for the first time since she moved here four years ago. The running community and the hospital have brought her closer to the city than she ever imagined.

"Last year I felt like the MGH gave me the opportunity to run through my surgery and this year they did it again through my bib number," Hanahan says. I'm just so excited to be part of this team, and I'm so thankful for the opportunity." For more information about this year's teams visit, *www.runformgh.org.*

This story is part of a series of articles that MGH Hotline will publish about the teams and team members supporting the MGH as part of this year's Boston Marathon. ■

Boston + Mass General: Together We Finish

THE 2014 BOSTON MARATHON is fast approaching and the hospital has many opportunities for staff to show their MGH pride and support the 218 runners, including more than 80 staff members, who are running for the MGH's three teams this year. To purchase Boston + Mass General: Together We Finish and Boston Strong/MGH Proud T-shirts, mugs, water bottles and more, visit the MGH Gift Shop. Or to purchase Boston + Mass General: Together We Finish T-shirts online, visit *http://www.runformgh.org/2014shirt.* MGH runners look forward to seeing supporters lining the marathon route in the MGH gear. A portion of the proceeds from merchandise sales will benefit the causes of the marathon teams: Pediatric Hematology/Oncology, Emergency Response and Cystic Fibrosis.

MGH physicians receive Harold Amos Faculty Diversity Award

THREE MGHERS have been awarded Harvard Medical School's Harold Amos Faculty Diversity Award: Aaron Styer, MD, associate director of the Basic Science Research Program for the Reproductive Endocrinology and Infertility Fellowship, Marcela del Carmen, MD, gynecologic oncologist – both in the MGH Vincent Department of Obstetrics and Gynecology – and Tracey Cho, MD, associate director of the Neurology-Infectious Diseases Program in the Department of Neurology.

The award is named for Professor Harold Amos, a renowned microbiologist, who was the first African-American department chair at Harvard Medical School and taught at the school for nearly 50 years. It was established to recognize individuals who promote diversity and have made significant achievements in moving the institution toward being a diverse and inclusive community.

"It is indeed an honor to be one of the recipients of the Amos Award," said del Carmen following the March 13 awards ceremony at Harvard Medical School. "I am grateful to Dr. Isaac Schiff (chief of the Vincent Department of Obstetrics and Gynecology and the department's leadership in their support of our diversity program and efforts."

VALUING DIVERSITY: Winifred Williams, MD, chair of the Diversity Awards Advisory Committee, Styer and Cho

PHOTO COURTESY OF JEFF THIEBAUTH

— Art

(Continued from page 1)

"When I received the call from Debbie that we had someone who wanted to donate artwork, I had no idea it was a patient," says Dawn Tenney, RN, associate chief nurse of Perioperative and GI Endoscopy Services. "We were overwhelmed by how good they were. The idea of Billy's connection, the autism and wanting to donate was very powerful."Now when Megargel visits the Lurie Center, his mom says he walks right up to his art and smiles. "It is my belief that for all the pain Billy has had, art is a great solace," says Eve Megargel. For a brief moment, he is truly present and whole. It is a joy to behold."

For more information about Megargel's art, visit *www.wmmartgallery.com/*. ■

— Breast reconstruction

(Continued from page 1)

The majority of breast reconstructions in the recent study were performed in one surgery immediately following the nipple-sparing mastectomy.That means the breast tissue underneath the skin and nipple were removed and replaced with an implant in one step allowing the patient to awake from surgery with a new breast."Most centers in the country typically need two or three surgeries to complete the breast reconstruction process," says Colwell."At the MGH, we work as a team with our breast surgeons to offer complete reconstruction in one surgery for many patients."

Barbara L. Smith, MD, PhD, director of the MGH Breast Program in Surgical Oncology, adds,"An increasing number of patients are now eligible for nipple-sparing mastectomy procedures with immediate reconstruction for cancer treatment and for risk-reducing surgery. The MGH is one of the leaders in this area – in January we crossed the 1,000 nipple-sparing mastectomy total and are one of the largest centers in the country for this type of surgery. I think we will see more of these procedures here and across the country."

Submit news tips and story ideas to *MGH Hotline*

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

03.28.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

GOING FOR THE MOLD: Irimia examines Dicty World Race maze

Slime into first

A VERITABLE TOUR DE FRANCE is taking place in a laboratory at the MGH this spring. A peloton of cells – team amoeba Dictyostelium (Dicty), a one-celled, soil-dwelling slime mold known for precision versus team HL-60, neutrophil-like cells known for speed – vie for the advantage.

The Dicty World Race is not for the meek or faint of heart. To navigate a complex microfluidic maze, the model cells must be fast and smart. Researchers from all over the world studying cell motility are invited to enter.

"We are the engineers. We build the racetrack. We ask scientists to send us the cells and engineer them to make them perform," says race organizer Daniel Irimia, MD, PhD, associate director of the MGH BioMEMS Resource Center.

While most sports ban performance-enhancing drugs, doping with this demographic, in this race, is permitted – in fact, it is strongly encouraged.

"Enhancing the expression of some genes and down-regulating other genes, creating mutations – it's like improving the mechanics on a race car," Irimia says. "It's a lot of trial and error."

The first World Cell Race held in Denver in 2011, was limited to cancer cells. But Irimia says keepers of other lines asked, 'How about our cells?', opening the door for two categories in the May 16 Dicty World Race, which will host cells from 20 labs, 10 from the U.S. and 10 from Europe, all leaders in cell migration research.

"It is an opportunity for engineers and biologists to work together, to encourage the engineering of better tools for measuring the role of cell motility in health and disease."

(Continued on page 2)

Safe landing

LINDA KEIR WAS FLYING over the Atlantic Ocean when she felt her heart begin to beat abnormally. En route to Boston on vacation from her home in Inveruvie, Scotland, she whispered to her husband Billy Keir that something was wrong.

"I remember thinking I didn't feel well at all," she says. "Soon after I remember I couldn't move my right arm or leg."

Linda Keir was having a stroke.

"A fellow passenger went to get a member of the flight crew, and within that one minute Linda couldn't talk," says her husband of eight years.

The call went out for a doctor on board and fortunately a physician appeared within moments. After an initial examination it was determined that Linda Keir would need care at a hospital as soon as possible. The pilots sped up the plane, and the Keirs were headed to Boston, a bit quicker than anticipated.

(Continued on page 4)

REMARKABLE RECOVERY: Linda and Billy Keir

Recognizing pediatric research

DAY OF DISCOVERY: From left, Shanmugam, Kleimola, Kleinman and Singal

PEDIATRIC RESEARCHERS within the MGH community were celebrated March 18 at the sixth annual MassGeneral Hospital *for* Children (MGH*f*C) Research Day in the Simches Building. "The event brings together faculty to discuss important clinical topics and also gives them an opportunity to become familiar with and participate in some of the research done here," said Allan Walker, MD, chair of the MGH*f*C Research Council.

Council members selected three outstanding posters out of the 44 submitted by pediatric researchers – the most submissions to date. The winners received travel awards to attend national meetings. Lauren Kleimola, a research fellow in the Division of Global Health, was selected for "Stunted Growth in Early Childhood is Associated with Exposure to Household Air Pollution"; Nanda Kumar Shanmugam, a Mucosal Immunology and Biology Research Center fellow, for "Intestinal Inflammation Modulates Expression of the Iron Regulating Hormone Hepcidin Depending on Erythropoietic Activity and the Commensal Microbiota"; and Vibha Singhal, MD, of the Neuroendocrine and Pediatric Endocrine units, for "Irisin Levels are Lower in Young Amenorrheic Athletes Compared with Eumenorrheic Athletes and Non-Athletes and Correlate with Bone Structure and Strength Estimates."

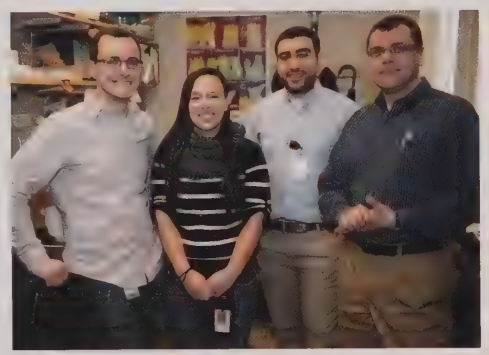
The event's keynote speakers were Christopher McDougle, MD, director of the Lurie Center for Autism at MGH*f*C, who presented "An Overview of Autism Spectrum Disorder," and Alessio Fasano, MD, chief of the Division of Pediatric Gastroenterology and Nutrition, whose talk was entitled, "Is Autism an Autoimmune Disease?"

"This event reminds me how much fun it is to spend a day learning about the innovative work of our research community," said MGH*f*C physician-in-chief Ronald Kleinman, MD. "It is so impressive."

— *Slime*

(Continued from page 1)

The ability to control cell movement could provide new paths for intervention in the clinic, says Irimia. "When you have an infection, cells travel to that infection site and when you are injured, they move closer to the wound – all for the purpose of healing. So how can we accelerate these processes? Or, with cancer, how do we slow down the movement of cells that give rise to metastases?"



RACE ORGANIZERS: From left, Joseph Martel, a research fellow from Harvard University; Wong; Bashar Hamza, research engineer; and Irimia – all in the BioMEMS Resource Center

Not all experiments needed to answer these questions can be run on human cells. Dicty is one model cell that is extremely science-friendly because it has a simpler genome and is easier to manipulate than human cells. It is a cell that moves with high precession toward targets – albeit more tortoise than hare. Traveling at about 20 microns a minute, the Dicty needs two days to move one inch. HL-60 neutrophil-like cells travel at a slightly faster pace but are less precise, making them ideal challengers.

"On a cell scale it's pretty fast. These model cells are on par with some of the fastest cells in the human body," says Irimia.

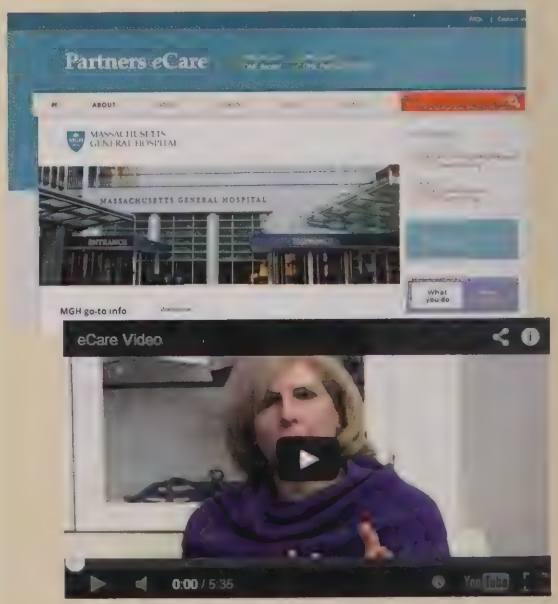
Six hundred microns long, the race – which will be broadcast in live streaming video – is expected to take approximately two hours to complete. There are obstacles along the way, decisions to make – whether to go left or right – with some channels leading faster to the end reward, a tasty chemical attractant and for the winning designer a $5,000 prize.

"I think with the race people have to take chances. Breakthroughs may come from any labs and in any form," says Irimia.

"It's great to have this worldwide collaboration," says Elisabeth Wong, a research engineer in the BioMEMS Resource Center. "With any sort of competition in any setting you are really pushing one another to get better and giving each other motivation to perform." ■

New Partners eCare video

SALLY MASON BOEMER, senior vice president of MGH Finance, and O'Neil Britton, chief health information officer for Partners HealthCare and executive director of Partners eCare, discuss the implementation of the Epic electronic health record and administrative system at the MGH in a new video. Visit the MGH page on the Partners eCare intranet site at *http://partnersecare.partners.org* to view the video and learn more about how the implementation will impact staff and patients in the coming months.



Looking back and planning for the future

KATRINA ARMSTRONG, MD, MSCE, physician-in-chief of the MGH Department of Medicine, has a lot to celebrate. Next month marks her one-year anniversary at the MGH and recently she was elected to the Institute of Medicine (IOM), considered one of the highest honors in the fields of health and medicine, recognizing individuals who have demonstrated outstanding professional achievement and commitment to service. Armstrong reflects on her first year at the hospital and shares her plans for the future of the MGH Department of Medicine.

Q. You began at the MGH on April 15, 2013, the day of the Boston Marathon attacks. How did that tragedy set your expectations?

The tragedy was such a formative event for my year in many ways. In a few short days, I learned what it means to be a part of this community, how the people of the MGH came together to take care of each other and to respond to our community. It also showed what the medical service could do for the hospital. I am incredibly proud that the medical residents and hospital medicine attendings cleared the emergency room of medical patients almost instantly after we learned of the bombing. I am certain I would have come to understand the values that underlie this institution over time, but that event served to crystallize what we hold to be important.

Q. Has your career at the MGH thus far met your expectations?

I realize now that my expectations were high and they have been exceeded on so many levels. Our leadership has the strongest sense of purpose and the clearest moral compass that I have ever seen in health care. Academic medicine operates under a social contract to improve health and reduce suffering, both for our patients now and for all those who will come in the future. I had a sense that we were at an important time for redefining and strengthening that social contract but I never imagined the potential that exists here to do just that. So many of our scientists are at the brink of translating their research into direct benefits for patients and communities. Our trainees are passionate, brilliant and committed to changing the world, and our clinical care is unparalleled.

Q. What are your greatest challenges?

We face a number of challenges as we move into this next era of academic medicine. Supporting our best young people to ask the important questions, take risks, and pursue their passion is increasingly difficult. They need time to think, to dive deep into what they care about most, and that requires a substantial investment. MGH doctors understand the importance of the relationship between a doctor and a patient. That has always been fundamental to what it means to be a patient at the MGH. Of course, that relationship is threatened by many of the current changes in health care. Figuring out how we can keep and even strengthen that defining part of what it means to practice medicine at the MGH is critical. The list of challenges is long; nevertheless, at the end of each week, I am convinced that the incredible talent in the department is up to those challenges and that working together to take them on will make us a better place.

Q. What are your plans to lead the Department of Medicine into the future?

Over the past year, we have been working on the roadmap for the Department of Medicine for the next decade. Although that process is still ongoing, there are some areas of focus that are clear for us already. The department is committed to developing new ways to support the best talent, particularly at the beginning of their career. That support means finding financial resources but also linking them to the best science, innovative tools, technology, and a community that will really push them to reach their potential. We are also going to focus on how we can better combine our strengths in patient care with our strengths in investigation by linking clinical observations to scientific infrastructure to understand better what drives disease and disease outcomes. At the same time, we are increasingly asking how we can hold ourselves accountable for bringing this knowledge to improve outcomes for all the patients and even for entire communities that we serve – striving to set standards for the quality and affordability of care. ■

MGH research prepares to meet current and future challenges

THE 2014 MEETING of the hospital's Scientific Advisory Committee (SAC) will examine how the MGH is preparing to meet the challenges presented by reductions in traditional sources of research funding and take advantage of new opportunities in areas including translational research, health care informatics and outcomes research. The two-day event will begin April 2, with the annual poster session from 11 am to 1:45 pm on the 15th floor of the Wyndham Boston Beacon Hill at 5 Blossom Street.

The Celebration of Science will continue at 2 pm in the Simches Conference Room, 3.110 with presentations by the winners of the hospital's top research prizes – Jayaraj Rajagopal, MD, Center for Regenerative Medicine, recipient of the Martin Prize for Basic Research; Stephanie Seminara, MD, Reproductive Endocrine Unit, recipient of the Martin Prize for Clinical Research; and Filip Swirski, PhD, Center for Systems Biology, recipient of the Goodman Award. They will be followed by keynote speaker Richard Hynes, PhD, of MIT and the Howard Hughes Medical Institute.

The April 3 SAC meeting will begin at 9 am in the Simches Conference Room, 3.110 with a report from Robert Kingston, PhD, chair of the Executive Committee on Research and chief of Molecular Biology. Anne Klibanski, MD, chief of the Neuroendocrine Unit and Partners Chief Academic Officer, will address integrating MGH research into the Partners enterprise, followed by departmental reports from Merit Cudkowicz, MD, MSc, chief of Neurology, and Keith Lillimoe, MD, chief of Surgery.

At 11:30 am, Harry Orf, PhD, senior vice president for Research, will review the Research Strategic Planning Initiative underway for the past year and a half and the resulting plans for an MGH Research Institute. Afternoon sessions will address the components of the institute – reorganization of Clinical Research Program (CRP), discussion led by Jerrold Rosenbaum, MD, chief of Psychiatry; the Translational Research Center, by Mason Freeman, MD, director of the CRP Translational Unit; and the Life Registry, that gives patients a new opportunity to participate in research programs across Partners, by Susan Slaugenhaupt, PhD, Center for Human Genetic Research.

More detailed information – including the full schedule of both days' events, open to all MGHers; the Celebration of Science book, and the poster session abstract book – is available at *http://ecor.mgh.harvard.edu/Default.aspx?node_id=405*.

03.28.14

MGH HOTLINE

Lacing up for kids' care

FOR MARATHONERS Jeanne MacDonald, MD, of the MGH Neonatal Intensive Care Unit, Catherine Chapin, MD, a pediatric resident, and Kevin Timulty, a Braintree police officer, giving back is part of their everyday jobs. But this year, they are taking their role one step further by running the Boston Marathon on behalf of the services provided by MassGeneral Hospital *for* Children's (MGH*f*C) Coordinated Care Clinic and Pediatric Palliative Care Service.

The two departments often work together to care for children with serious illnesses. The Coordinated Care Clinic works with pediatric patients facing chronic and complex health issues, helping them navigate the often confusing system of health care specialists. The Palliative Care Service focuses on maximizing a child's quality of life by providing pain and stress relief, smoothing transitions in care, making difficult choices, and giving the family a better patient experience.

Timulty learned about the team last year from his fiancée who works at MGH*f*C. "I just thought what a great experience it would be to raise money for all these kids, and I knew I had to do it this year," he says.

For Chapin, the decision to run came from her personal experience seeing the Palliative Care Service in action across the hospital. "They help ensure that kids with often-debilitating conditions have the best possible quality of life," Chapin says. "I thought it would be great to support them."

INSPIRING: From left, Chapin, Timulty and MacDonald

MacDonald says there is a common misconception that the palliative care staff only helps families at the end of a child's life. "We can't predict who's going to die and who isn't. Supporting a child with a life threatening illness can go on for years," she says. "Pediatric Palliative Care recognizes that fact and supports the family and cares for the life of the child."

MacDonald also has seen first-hand how the palliative care staff serves as an anchor to families. When children have complicated medical issues, parents can be overwhelmed by the information provided by varying specialists. She says the medical team tries to stay positive for the families, but it is the palliative care team that allows the families to ask the bigger questions, like "What if this gets worse?"

"I think the families appreciate having someone who will have difficult discussions, if need be, about end of life situations or talk to them about options for different types of care," Chapin says. "Doing the maximum type of care isn't always the best option for some families. The pediatric palliative care staff will bring in alternative options for families along with what the medical care team is planning."

They also talk about what is important to the families – from medical care to emotional experience.

"They sort of open our eyes," MacDonald says. "They help us step outside our own little world and step into the family's world."

For more information about this year's teams visit, *www.runformgh.org.* ■

This story is part of a series of articles that MGH Hotline will publish about the teams and team members supporting the MGH as part of this year's Boston Marathon.

— *Safe landing*

(Continued from page 1)

When stroke occurs, time is critical. Each minute that passes can mean the difference between life and death. With emergency medical responders waiting at the airport, the plane made a quick and successful landing and the Keirs were on their way to the MGH.

Within 13 minutes of arriving at the hospital, Linda Keir was placed under the care of Natalia Rost, MD, director of the Acute Stroke Service. This MGH team combines emergency medicine, nursing, radiology and neurology expertise to implement some of the safest and fastest treatment times in the country.

This was the case with Linda Keir, who was given tissue plasminogen activator (TPA), a drug designed to break up potentially deadly blood clots. Shortly thereafter, she underwent MRI and CT scans and within 40 minutes she was in the OR having the clot removed.

"Linda's case is remarkable," says Lee Schwamm, MD, executive vice chairman of Neurology and director of the MGH Stroke Service in the MGH Institute for Heart, Vascular and Stroke Care, who took over Linda's care. "So many people played a part in her care, and for us at the MGH, this was a perfect example of the cross-departmental cooperation and streamlined approach of the acute stroke team that can rapidly assess and care for these patients."

Within two days Linda Keir was up and walking around her floor. She regained her speech and movement in her arm and leg. To look at her; it is as if she never had a stroke.

"I never would have wanted this to happen at all, but if it was going to, I'm glad it was now," she says. "Even if I was in my own home in Scotland and not on a plane when this happened there's no way I would have received the type of care that I did at the MGH. I just wouldn't have. I'm just so thankful."

Announcements available online
To read this week's "What's Happening" items, visit *http://intranet.massgeneral.org.*

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at [illegible] or by scanning the QR code above.

04.04.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

GRAND ENTRANCE: Benjamin Crocker, MD, associate medical director of the MGH Ambulatory Practice of the Future

THE RED CARPET was rolled out March 19 for the inaugural MGH Service Excellence Awards ceremony. The event, sponsored by the MGH Service Excellence Department, was held at the Beacon Hill Boston Wyndham Hotel and honored leaders and teams for outstanding achievements in improving the patient experience at the MGH.

"Patients come to us with what are often terrible life changing problems that stress and frighten them and their families," said David F. Torchiana, MD, MGPO chairman and CEO. "Our obligation and privilege is to help them through the ordeal and our commitment to service excellence and our never-ending work at improvement remains at the heart of what we do every day."

Outpatient practices and inpatient units were recognized for exceeding the 2013 patient survey targets, for achieving significant improvement or for being the highest rated on a national scale. Based on nominations, awards also were presented to four teams and five leaders selected by the Patient Experience Leadership Council for their patient-centered care and excellent service.

"You are pioneers. You have been doing exceptional work and taking very good care your patients," said Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse, who presented the awards along with Alexa Kimball, MD, senior vice president and medical director of the MGPO, and Ann Prestipino, senior vice president of Surgical and Anesthesia Services and Clinical Business Development.

The General Medicine Unit on White 9 received the award for "most improved" in staff responsiveness, improving its patient survey score by 11 points. "This is pretty awesome," said Arrick Bator, a patient care associate on the unit. "I think it shows how we all work together as a team and I think that's what helped us improve our score."

Recognized for "nurse communication and staff responsiveness," Lunder 10 was one of

(Continued on page 4)

Austen named chief of Burn Surgery

WILLIAM (JAY) G. AUSTEN, JR., MD, was appointed chief of the MGH Division of Burn Surgery on March 24. In addition to his new appointment, Austen will continue to serve as chief of the Division of Plastic and Reconstructive Surgery. Austen succeeds Ronald Tompkins, MD, ScD, who has led the Division of Burn Surgery since 1990. Tompkins will remain at the MGH and lead the newly created research innovation unit, The Center for Surgery, Science & Bioengineering.

AUSTEN

"I am honored to lead this extraordinary team," says Austen. "This division has been an international leader in the evolution of burn care. I am very excited to be a part of the continued excellence and innovation for which they are well known."

Austen has served as chief of the Division of Plastic and Reconstructive Surgery since 2007. Under his leadership, novel clinical programs have been established including composite tissue transplantation and nerve decompression to treat patients with migraines.

In addition to his clinical expertise, Austen is an authority on device innovation and has led the development of numerous patents and prototypes related to anti-aging, rejuvenation and scar therapy. He also routinely treats patients at the Shiners Burn Hospital for Children.

"I am confident Dr. Austen will be an outstanding leader of Burn Surgery," says Keith D. Lillemoe, MD, chief of the Department of Surgery. "Given the evolution in burn treatment – with an increased focus on reconstruction – deep collaborations between burn, critical care and plastic specialists are essential. Aligning the leadership of these important surgical divisions will support our mission to provide the very best treatments and care to patients with thermal injuries."

Cancer Center physicians honored

THE HENRI AND BELINDA TERMEER CENTER FOR TARGETED THERAPIES in the MGH Cancer Center has three new endowed leadership positions. Launched in 2012, the center's goal is to develop more effective treatments for patients with cancer as quickly and as safely as possible. During a March 26 celebration at the Paul S. Russell, MD Museum of Medical History and Innovation, MGH President Peter L. Slavin, MD, said recipients of the Laurel W. Schwartz Professorship, the Richard Saltonstall Endowed Chair in Oncology and the Mary B. Saltonstall Endowed Chair in Oncology all understand the importance of finding the right therapy for specific patients.

"Endowed chairs and professorships such as these play a major role in the MGH's success," said Slavin. "I want to express my heartfelt gratitude to Laurie Schwartz and the Richard Saltonstall Charitable Foundation for making these endowed cancer positions possible and offering new hope for cancer patients here and around the world."

Daniel Haber, MD, PhD, director of Cancer Center, introduced the three MGH physicians – Jeffrey Engelman, MD, PhD; Keith Flaherty, MD; and Lecia V. Sequist, MD, MPH.

"Dr. Engelman, Dr. Flaherty and Dr. Sequist have made major contributions to the development of novel precision therapies in cancer, which is the driving force of the Termeer Center at the MGH," said Haber.

The Laurel W. Schwartz Professorship in Oncology was established in 2004 through the generosity of Laurie Schwartz and her late husband Peter Schwartz. Engelman, director of the Center for Thoracic Cancers and director of the Molecular Therapeutics Program, is its third recipient. Since joining the Cancer Center in 2005, he has actively translated discoveries from the lab into the clinic to improve treatment outcomes and quality of life for patients with lung cancer.

"I am so thankful for this endowed chair and the support it provides for our continued efforts to develop better therapeutics for patients with cancer," said Engelman.

The Richard Saltonstall Charitable Foundation and its trustees have been investing in the advancement of cancer research and care since 1972. The two inaugural MGH endowed chairs will help retain and honor top cancer scientists.

Flaherty, director of the Temeer Center, was named as the Richard Saltonstall Endowed Chair in Oncology. His research and clinical focus is melanoma, with a particular expertise in targeted therapies. He has a long history of accomplishments that have changed the way melanoma is treated.

ADVANCING RESEARCH: From left, Sequist, Engelman and Flaherty

"In addition to the honor of receiving this chair, I am deeply appreciative of the opportunity this support provides for me to work with our junior faculty to broaden the approach that has proven so successful in melanoma to other cancers," Flaherty said.

Sequist, the recipient of the Mary B. Saltonstall Endowed Chair in Oncology, is a clinical researcher in both the Center for Thoracic Cancers and the Termeer Center. She is a recognized leader in research to understand and overcome the development of resistance to targeted therapies in patients with lung cancer. This honor will provide important support for her to continue to thrive and advance critical research.

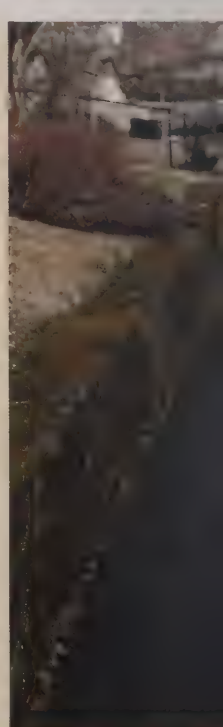
"I am honored to receive this generous support from the Saltonstall Foundation and the Cancer Center," said Sequist. "It is an exciting time. These funds will enable us to probe deeper into each patient's tumor and understand resistance, response to therapy and how to achieve better survival with lung cancer." ■

MGH honors blood donors

ALL PRESENTING BLOOD AND PLATELET DONORS at the MGH Blood Donor Center during the month of April will receive a royal blue MGH Blood Donor Center "Boston Strong" T-shirt.

The shirt was created to honor the 3,946 blood donors who travelled from the Boston area and from across the United States to donate at the MGH Blood Donor Center in a single month following the tragedy at last year's marathon. Nearly 2,000 of those donors – who ensured a safe blood supply for the victims of the attacks – were first-time blood donors who have since committed to bi-monthly donations to keep MGH patients safe year-round.

For more information about blood donation or to make an appointment, contact *mcallaway@partners.org* or call 617-726-8177.



26 flights, are you kidding?

THEY CALL THEMSELVES TEAM E-26. E is for Ellison building; and 26 is for the 26 flights of stairs the Bigelow 9 night staff climb nearly every night – sometimes twice a night.

"It's a good team-building activity and helps us stay healthy and happy," says Liz McGee, RN.

Nurses from the Bigelow 9 Respiratory Acute Care Unit began climbing the Ellison building stairs at the beginning of March. Jake Marasigan, RN, and Rachael Salguero, RN, were looking for ways to effectively replicate their home exercise programs for a quick pick-me-up during their breaks.

"We really just wanted to promote wellness and be healthy. All it takes is less than 10 minutes to climb those stairs," says Jake Marasigan, RN.

The climbing has become contagious.

"It started with just a few of us but now most of our staff have joined in. We take turns going in small groups." says Salguero. "It motivated many of us to start work out programs by encouraging and inspiring each other."

Team E-26 has an open membership policy. Anyone can join, but they have to reach the top "summit" of the 26 flights to become an official member.

"You would be surprised how many people walk the stairs," Marasigan says. "And we hope for more people to follow."

Stair climbing is better than a coffee break, says McGee. "It keeps us alert, focused and it's a wonderful way to end the shift on a high note." ■

TO THE SUMMIT: The photo, from left, Salguero, McGee, Marasigan, Steve Thornton, RT, a respiratory therapist on Bigelow 9.

Never too late to become a marathoner

EVY PICKER, MD, has never been a runner.

"If you asked me a year ago to run around the block, I would have thought you were nuts," says Picker, a primary care physician at MGH West in Waltham. However, this year Picker was inspired to run in "defiance of the Boston Marathon bombings" and she now is one of more than 80 MGH employees who are running for the MGH.

PICKER

Picker became fully committed after realizing her daughter's friend, who died of cancer 10 years ago, would have turned 26 this year. "Between the marathon bombings, being 63 and wanting to challenge myself, and wanting to honor a young girl who would have been 26, it all fit together that this was the time," she says. She is running for the Mass General Marathon Team, Fighting Kids' Cancer ... One Step at a Time, which raises money for the Pediatric Hematology and Oncology Unit.

Picker began her running journey with the smartphone app "Couch-to-5K." She started by walking for 1 minute alternating with running 1 minute, and built up her distance from there. In September, she ran in her first event, a 5-kilometer race for the Boston Samaritans. "I was absolutely shocked to come in third in my age group – there are some advantages to age," Picker laughs.

"My body still questions what I think I'm doing the first 5 minutes of every run," she says. "But I really enjoy running now. Entering that 'runner's zone' is a wonderful thing. You don't realize the time that goes by, you are so focused on the moment and nothing else matters. When the run is over, it doesn't seem real that I've gone the distance."

Picker has faced a few training obstacles. During one outdoor run, she slipped on ice and ended up with stitches in her chin. During her first, and only, indoor run on the treadmill, she pulled a muscle in her leg. Both incidents set her back a bit, but late last month, she joined her MGH teammates for a training run from Hopkinton to Newton – approximately 20 miles.

Picker says she has been touched by the support she has received – both during her training and toward her fundraising goal. "What has been most touching is that a large portion of my fundraising contributions have come from former patients, people I've cared for but haven't seen in at least 8 and even 10 to 15 years. That support has been gratifying and humbling." She also has received support from her current patients, and is delighted that some actually have been motivated to start a running routine. "I've told them we can run the marathon together next year."

For more information about this year's teams visit, *www.runformgh.org*.

This story is part of a series of articles that MGH Hotline will publish about the teams and team members supporting the MGH as part of this year's Boston Marathon.

Announcements available online
To read this week's "What's Happening" items, visit *http://intranet.massgeneral.org.*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

— *Patients' pick*

(Continued from page 1)

nine MGH teams to report scores in the 90th percentile. "We have worked really hard over the last year to improve patient satisfaction," says Rona Earl, RN, of Lunder 10. "We are a transplant floor so we see a lot of the same patients; they become part of our family and we become a part of theirs."

Each team received a trophy, a banner and a cake in recognition of their achievements. The Service Excellence staff plans to make the ceremony an annual event.

"This ceremony was such an impressive collection of dedicated stars of the MGH family," said Lauren Sterling, administrative manager of Vascular Surgery, which earned two outpatient awards. "I was humbled to be included." ■

CONGA FOR SERVICE: The Oncology Unit on Lunder 9 led by Barbara Cashavelly, RN, nurse director

Partners eCare: Did you know?

THE MGH IS IN THE PROCESS of redesigning how it delivers world-class care to improve the health of its patients while also enhancing affordability of care by implementing a new enterprise medical record system. Called Partners eCare, this clinical and administrative system supports all aspects of the MGH mission, including research, education, patient care and community-based outreach.

The MGH is one of the first hospitals in the Partners network to begin using Partners eCare and the hospital will launch the new system in two phases. The first phase – expected to go live on July 12 – is the "revenue cycle," which will replace current systems that support administrative tasks such as registration, scheduling, admissions, coding and billing.

The second phase in the Partners eCare launch is the clinical portion of the system, which will go live on March 31, 2016. This includes outpatient and inpatient medical records and physician order entries, as well as dedicated applications for departments ranging from Pharmacy and Radiology to Obstetrics and Oncology.

By supporting the day-to-day work of the hospital's clinical departments and programs, the clinical implementation of Partners eCare will help patient care teams manage high-risk patients, reduce readmissions, and better coordinate mental health, palliative care and other patient needs. The revenue cycle and clinical systems will tie these functions and information together for the benefit of patients, caregivers and the MGH.

MGH staff are encouraged to visit the new Partners eCare Toolkit – offering a collection of valuable resources to guide users through the implementation process – to become more familiar with this Epic-based. Visit *http://partnersecare.partners.org* and click on the MGH, then the toolkit icon.

In addition to a fact sheet and talking points for managers and supervisors, the toolkit offers a leadership guide, a comprehensive timeline, and a PowerPoint slide that can be added to any presentation to ensure that everyone is kept up-to-date on the latest happenings within Partners eCare. All materials can be downloaded, printed, distributed and displayed within any department.

The Partners eCare site also features a video featuring Sally Mason Boemer, senior vice president of MGH Finance, and O'Neil Britton, chief health information officer for Partners HealthCare and executive director of Partners eCare, who discuss the implementation and how it will impact staff and patients in the coming months.

Please continue to visit this site regularly, as new information will be added. For more information about the toolkit, contact Colleen Marshall at *cmarshall3@partners.org* or call 617-726-0275.

04.11.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

SOCIAL SHARE: The Public Affairs Office has created this image to share via social media to commemorate April 15. It will be available to download and share from the *MGH Hotline* online website beginning April 14.

Reflection and renewal

MGH STAFF, PATIENTS AND THEIR FAMILIES were deeply affected by the tragic attacks at last year's Boston Marathon. Here, members of the MGH community share their reflections on what occurred within the hospital on April 15, 2013 and also their hopes for the upcoming marathon.

"While I was living it, there were long days and long hours. We were working as a team, so I always felt supported in everything that needed to get done. But on an emotional level, it was more when I went home and realized 'My God, what is happening and how can this be happening in Boston?'"

— Ann Prestipino, senior vice president of Surgical and Anesthesia Services and Clinical Business Development

"I'm very proud of what this hospital did. Of what everyone here did. I think we have a social responsibility to teach people what happened in our community and to teach people that we responded in the right way and we really did right by our patients. And as a community we continue to do all the right things."

— Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse

"The reason we were successful last Marathon Monday is because of the effort this institution has invested in planning for emergency situations. That day, people just reacted. They did what they were trained to do."

— Dave Reisman, senior administrative director, Emergency Preparedness

"After the marathon bombings last year, we did not want to pressure our runners to continue to fundraise – especially after the creation of the One Fund – but our runners were incredibly committed to the program. They continued to fundraise and set an all-time record for our marathon team. It was pretty spectacular to see their dedication."

— Howard Weinstein, MD, chief, Pediatric Hematology-Oncology

"Vicki Noble, an attending physician in the Emergency Department, said it beautifully, 'We came together as a team, and together as a team we saved lives.' Because it's about teamwork. It was the continued drilling and the practices of these drills that made all the difference. We came together, and it's unprecedented the survival that occurred on Marathon Monday."

— Alasdair Conn, MD, chief emeritus Department of Emergency Medicine

"This year's marathon is going to be all about happiness. That's not to say we shouldn't be respectful of what happened last year and have moments to honor people who were hurt or killed, but I don't think that is all the event should be about. I think the major theme should be a celebration of all things that are great about marathoning and Boston."

— David King, MD, trauma and acute care surgeon

"There's a sense of renewal, if you will, with the marathon approaching again. We're really eager to celebrate the 2014 Boston Marathon and celebrate the strength of our city."

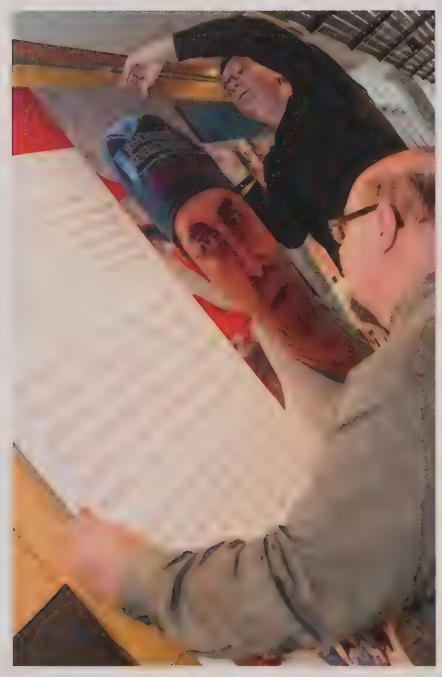
— David Brown, MD, chief, Department of Emergency Medicine

Video reflections

THE MGH PUBLIC AFFAIRS OFFICE interviewed more than 20 first responders about their experience in the days and weeks after the bombings. Those interviews – which demonstrate the dedication, compassion, emotion and teamwork of the entire hospital – are featured in two videos on display for the remainder of April at the Paul S. Russell, MD Museum of Medical History and Innovation.

They also can be accessed by visiting the MGH YouTube Channel at *www.youtube.com/MassGeneralHospital.*

A third video highlights members of the 2013 and 2014 marathon teams supporting MGH causes who share their reasons for tackling the 26.2-mile route and showcases congratulatory messages and well-wishes from their fellow colleagues. This video will be shown during an April 16 event celebrating the marathon teams, held under the Bulfinch Tent from 2 to 4 pm. It also will be available on the MGH YouTube channel after the event.



LOOKING BACK: Arch MacInnes of the Public Affairs Office, right, and Dennis Picariello of Police and Security, hang a special exhibit dedicated to first responders entitled: "Boston: Working Together in the Face of Disaster," now on display at the Paul S. Russell, MD Museum of Medical History and Innovation during the month of April.

A family affair

FOR 33-YEAR-OLD MARYCLAIRE CAPETTA of Storrs, Conn., the 2014 Boston Marathon is more than just 26.2 miles of terrain. It is an opportunity to show love and support to her 7-year-old cousin, Liam Lasbury-Casey.

On April 21, Capetta will run as part of the Mass General Marathon team, "Fighting Kids' Cancer … One Step at a Time." The team raises money for the Pediatric Hematology and Oncology Division at the MassGeneral Hospital *for* Children (MGH*f*C), where Liam was treated after being diagnosed with rhabdomyosarcoma – a very aggressive and rare form of muscle cancer. Starting when he was 6 months old, Liam underwent 15 months of chemotherapy, surgeries, radiation and scans.

Since 2008 – the same year Liam became cancer-free – friends and family have run the Boston Marathon to raise money for the MGH in his honor. The running tradition started when Julie Piotrowski, NP, of MGH*f*C Pediatric Surgical Service, ran for Liam in 2007 and 2008.

UNITED FRONT: Capetta and Liam

"As you spend more time at the MGH meeting other families, you see how cancer impacts their lives and that's when you see it take on another meaning," says Liam's mother, Meghan Lasbury-Casey. "We were fortunate with Liam's treatment and this is one way our family can give back."

Both of Liam's moms, two of his aunts and an uncle have previously run the marathon in his honor. This year will be Capetta's chance to cross the finish line. "I am honored that they asked me to run for Liam this year. I have run several half marathons, but running in Liam's honor for such a wonderful cause has been my motivation to complete my first full marathon. I'm not sure that I am totally emotionally prepared for it, but I think it's going to be such a great experience and I can't wait."

This year alone, Liam's friends and family have raised more than $6,000 in support of Pediatric Hematology and Oncology at MGH*f*C – making their total some $30,000. "We are fortunate to continue to meet and exceed our fundraising goals each year," says Meghan Lasbury-Casey. "Maryclaire has been able to reach a new group of supporters for us. We'd like to see this tradition continue until one of our own children can run it – until then we have lots of family and friends lined up to keep it going."

For more information about this year's teams visit, *www.runformgh.org.*

This story is part of a series of articles that MGH Hotline will publish about the teams and team members supporting the MGH as part of this year's Boston Marathon.

Support for MGHers

STAFF IN NEED OF EMOTIONAL SUPPORT at any time are encouraged to access the Employee Assistance Program (EAP), a free and confidential resource. Managers also can contact the EAP to consult about the needs of their staff. For more information, call 617-726-6976 or visit *www.eap.partners.org.*

Other helpful resources:

- The Maxwell & Eleanor Blum Patient and Family Learning Center: *www.massgeneral.org/PFLC/*
- Department of Chaplaincy: *www.mghpcs.org/chaplaincy/*
- Department of Psychiatry: *www.massgeneral.org/psychiatry/*
- Department of Social Services: *www.massgeneral.org/socialwork/*
- Office of Patient Advocacy: *www.massgeneral.org/advocacy/*

RAUCH

Bringing the MGH community together: Boston Strong/MGH Proud

THE MGH WILL HOST A NUMBER OF EVENTS to observe the one-year anniversary of the bombings at last year's Boston Marathon. "These events are intended to provide an opportunity for staff to come together in a spirit of community and reflection," says Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse. "We hope everyone will be able to attend one or more of the events and continue to find comfort and healing through shared remembrance."

April 15

Music and Reflection

Throughout the day, Boston Strong/MGH Proud ribbons will be handed out at all events and will be available from 8 am to 4:30 pm at the Employee Access Center. The ribbons also will be distributed to evening, night and weekend employees, and at offsite locations. Prayer Trees will be located in the main lobbies of the White, Wang and Yawkey buildings for members of the MGH community to express their feelings and messages of hope. Area musicians also will perform in the Main Lobby.

Remembrance, Reflection and Renewal

7 to 9 am and 6 to 8 pm, in the MGH Chapel

These drop-in spiritual services will offer quiet reflection, music and readings.

MGH First Responders: Perspectives and Lessons Learned

10 to 11 am in the O'Keeffe Auditorium

Former Boston Mayor Thomas M. Menino will provide introductory remarks during this panel discussion featuring MGH staff and clinicians and the role they played at the hospital following the Boston Marathon bombings:

- Ann Prestipino, moderator and incident commander
- Aaron Baggish, MD, at the marathon
- Paul Biddinger, MD, emergency medicine
- Maryfran Hughes, RN, emergency nursing
- David King, MD, trauma surgeon
- Marie Elena Gioiella, LICSW, social worker
- David Reisman, emergency preparedness

This event also will be streamed live and a link will be provided through the Daily Broadcast email.

A Commemoration and Service of Peace

2:30 to 3:15 pm in the O'Keeffe Auditorium

This MGH Chaplaincy-hosted service will offer staff with the opportunity to remember and reflect on the first anniversary of the marathon bombings. This event also will be streamed live.

April 16

MGH Proud

Throughout the day, Boston Strong/MGH Proud ribbons will be available from 8 am to 4:30 pm at the Employee Access Center.

Celebrate MGH Marathon Teams

2 to 4 pm under the Bulfinch Tent

This event is open to all staff to support and celebrate the 2013 and 2014 employee runners. Remarks from famed marathoner Bill Rodgers will take place at 2:15 pm. Marathon-themed raffle prizes will be distributed.

April 17

Watertown: Officer Down

6:45 to 7:45 am in the O'Keeffe Auditorium

The MGH Department of Orthopædic Surgery will host Grand Rounds with speakers Capt. Raymond Dupuis of the Watertown Police Department and Trooper Christopher Dumont, EMT-P, homicide investigator with the Massachusetts State Police Detective Unit. Dumont recently received the Massachusetts State Police Medal of Honor, the department's highest award, for his actions during the April 2013 Watertown shootout with the alleged Boston Marathon bombers and his lifesaving leadership as a paramedic during the rescue of wounded Massachusetts Transit Police Officer Richard Donohue, who ultimately survived despite cardiac arrest from near total blood loss.

April 21

Marathon Monday

Area musicians will perform in the Main Lobby and Boston Strong/MGH Proud ribbons will be available from 8 am to 4:30 pm at the Employee Access Center. ■

Talking to children in the aftermath of the marathon attacks

"SHOULD I TALK TO MY CHILDREN about last year's marathon bombings if they don't bring it up? How should I decide whether to let my teenager go to the finish line this year with her friend? What are the downsides to watching the television coverage together?" To help parents during these possibly difficult days leading up to the 2014 Boston Marathon, a team of MGH child psychiatrists and psychologists have developed parent guidance materials that address these kinds of questions.

"Employees of Fidelity Investments funded several projects to support the greater Boston community in the wake of the 2013 marathon. They were interested in addressing marathon-related challenges described by parents, and knew of our work through the Marjorie E. Korff Parenting At a Challenging Time (PACT) Program at the MGH," explains Paula Rauch, founding director of PACT. "We collaborated with colleagues from The Clay Center for Young Healthy Minds at the MGH to launch the Patriots' Day Project, which features educational materials to serve as resources for parents and educators as they support children's resilience in the face of a community crisis."

The materials – which include blog posts, podcasts, a fact sheet and an original video – combine parents' wisdom with the clinical experience of the MGH team about lessons learned from the bombing and its aftermath.

This collaboration included a survey of 400 parents in the areas affected by the shelter-in-place orders following the bombing. Of the parents surveyed, 70 percent reported that they found it challenging to address their children's fears while also trying to make sense of the bombings themselves. Most parents identified communicating with their children as a priority, but one of the survey findings was that younger children, older teenagers and boys of all ages were less likely to engage in parent-child conversations. "The anniversary is another opportunity to talk with your child or teen – about the bombing, the community response and your family values – especially if you aren't sure what your child remembers or what the 'take-away lessons' were for your child," Rauch says.

The parent guidance resources created as part of the Patriots' Day Project can be found by visiting www.*MGHPACT.org* and www.*PathsToDream.org*.

04.11.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit
http://www.mghhotline.org

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-724-1775

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

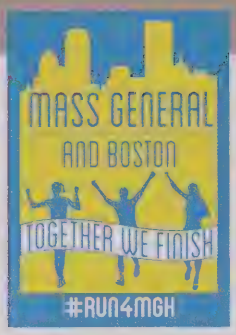
MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.



Boston and Mass General: Together We Finish

THERE ARE SEVERAL WAYS for staff to show their pride in and support for the more than 230 runners – including more than 80 staff members – who are running the 2014 Boston Marathon in support of the MGH. These athletes are supporting several hospital programs, as part of the teams devoted to pediatric cancer, cystic fibrosis, emergency response, Pediatric Palliative Care and the Pediatric Coordinated Care Center, Friends of the Lurie Center, dystonia research and the Red Sox Foundation and MGH Home Base Program.

The MGH Gift Shop is offering Boston and Mass General: Together We Finish and Boston Strong/MGH Proud T-shirts, mugs, water bottles and more. A portion of the proceeds from merchandise sales will benefit the causes of these marathon teams. Boston and Mass General: Together We Finish T-shirts also are available for purchase online, *www.runformgh.org/2014shirt*.

The MGH Blood Donor Program also is offering a "Boston Strong" T-shirt to all its presenting blood and platelet donors during April. The shirt was created to honor the 3,946 blood donors from across the U.S. who donated in the month following last year's marathon. For more information, email *mcallaway@partners.org* or call 617-726-8177. ■

Gifts that keep on growing

APRIL SHOWERS WILL BRING MAYFLOWERS to the MGH this spring in honor of a gift from the people of Nova Scotia.

Just days following the 2013 Boston Marathon bombing, the hospital received a letter from former Nova Scotia Premier Darrell Dexter announcing a donation to the MassGeneral Hospital *for* Children (MGH*f*C) Pediatric Palliative Care Service.

The MGH and Nova Scotia have a history of supporting one another. On Dec. 6, 1917, an MGH contingent joined relief efforts to help care for the thousands wounded when a munitions ship exploded in Halifax Harbor.

"While there is a border and a number of miles between us, we share a common heritage and ancestors," Dexter wrote. "Massachusetts was there for Nova Scotia 96 years ago during the tragedy of the Halifax Explosion, and many times since then. Our hearts and minds are with the people of Boston now and in the future."

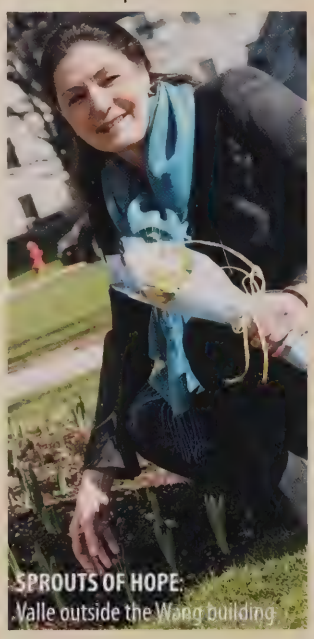
The people of Nova Scotia have long memories, says Patricia O'Malley, MD, medical director of the MGH*f*C Pediatric Palliative Care Service. "We thought carefully about how best to honor their generous donation to Pediatric Palliative Care. Since Massachusetts and Nova Scotia share the same state/provincial flower, we thought mayflowers would be a tiny, delicate but enduring thank you."

The flowers will be planted beside the Bulfinch building next to the entrance to the Thier building.

"This gift from the people of Nova Scotia is truly meaningful," says Sandra Clancy, PhD, MGH*f*C Palliative Care Service manager. "With their donation we have been able to start a bereavement program for the families of our patients who have died, helping to support them as they travel along their journey of grief and healing."

"DAFFODILS ARE BRAVE FLOWERS," says Diane Valle, president of Marathon Daffodils. "They make it through the winter and are the first to come up in the spring."

From Hopkinton to Boston these bright, cheerful yellow flowers will line the 26.2-mile Boston Marathon route this year serving as an inspiration to runners, residents and visitors. The daffodils are a gift from the Marathon Daffodils group – a collaboration of nonprofit organizations, urban horticulturists, and businesses – that planted more than 100,000 bulbs last fall and gave nearly 2,000 to the MGH.



SPROUTS OF HOPE: Valle outside the Wang building

"The hospital was incredibly important in the treatment of the marathon victims," says Valle. "We wanted to have a symbol of hope and show our appreciation for those who cared for people in an incredible way."

Valle says support for Marathon Daffodils has been overwhelming. The group exceeded its fundraising goal, allowing for the purchase of more daffodils from the Massachusetts Flowers Growers Association to distribute on Marathon Monday.

"We plan on handing out the potted daffodils at the finish line, and we will also have some for the MGH to place inside the hospital as a way to share the hope."

The daffodils around the trees at Wang Circle are beginning to push their way through the cold ground. Valle is certain they will be in bloom come race day. "They are growing stronger."

04.18.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Ready to run

ON YOUR MARKS: MGH marathon runners celebrate

IT WAS A WEEK FILLED WITH MIXED EMOTIONS, but on April 16 the atmosphere under the Bulfinch tents was one of excitement and anticipation as MGH marathon runners and staff celebrated the upcoming race.

"These legs are as ready as they will ever be," said Kim Carvalho, assistant director in MGH Development. Carvalho is running for Stephanie, her 8-year-old patient partner who is battling leukemia. "She doesn't get a day off, so I don't get a day off either – that's all the inspiration I need."

Mackenzie Ewing, an MGH occupational therapist, said she has prepared and trained and is ready to go. "I'm running to support the city, the patients I saw and to just give back."

Jeff Davis, senior vice president of Human Resources, welcomed runners and guests to the celebration and introduced guest speaker Bill Rodgers, a Boston Marathon legend who has won the race four times.

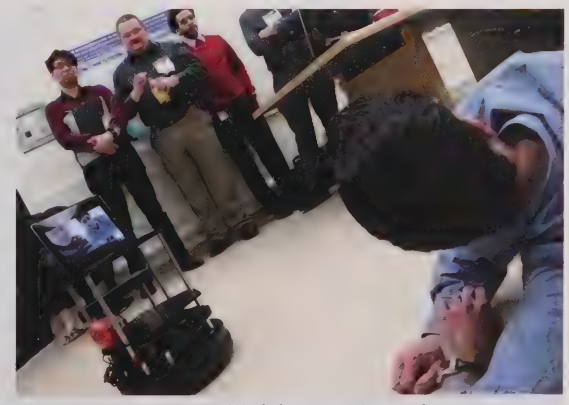
"Running is one of the few events where thousands cheer each other on from the sidelines," said Rodgers. "Running gives us something that is almost indefinable. It gives us strength."

Rev. John Polk, director of the MGH Chaplaincy, offered a blessing for the runners, and attendees viewed a special video created by the MGH Public Affairs Office featuring members of the marathon teams and well-wishes from the hospital community.

"Today we look ahead to the 2014 marathon," said Davis. "We celebrate the strength and resiliency of employees who will lace up their sneakers Monday and run 26.2 miles as part of the MGH marathon teams." ■

'From Home-to-Hospital-to-Home'

ALONE IN HIS HOME an elderly man falls and is injured. A sensor records and sends the fall information to a monitoring service. Moments later, a robot enters the room, assesses the patient and sends a dispatch to the ambulance service and the hospital. Video and data – sent in advance – enable the hospital to quickly triage the patient upon his arrival. Following surgery, a context-aware system at the patient's bedside prevents an accidental overdose of intravenous pain medication. And through an online tool the patient's family is able to view important real time medical information from afar. This is a small glimpse into the future of closed-loop health care.



STEP INTO THE FUTURE: Workshop participants demonstrate a robot's role in triage.

Individuals from organizations across the country are pooling their creative minds to bring robots to the living room and real-time analytics to the bedside, all for the sake of improving patient safety – and for the SmartAmerica Challenge. A Presidential Innovation Fellows project, the SmartAmerica Challenge is an initiative that connects test beds and technologies around the country to enable innovation. From March 18 to 20, the Medical Device Plug-and-Play (MD PnP) Interoperability Lab at the MGH hosted a SmartAmerica health care working group to demonstrate "Closed Loop Healthcare: From Home-to-Hospital-to-Home."

"Our lab was initially set up to do experimentation. Over the last few months we have accelerated the way we have been developing to turn it into a test bed for collaborators," says Julian Goldman, MD, of the MGH Department of Anesthesia and Critical Care and Pain Medicine, director of the MD PnP program, and medical director of Partners Biomedical Engineering. "SmartAmerica gave us the means to bring everyone together. We have just fix numerous things that are going to change the trajectory of our work." Some 25 people representing five academic groups, four federal

(Continued on page 4)

04.18.14

A week of remembrance

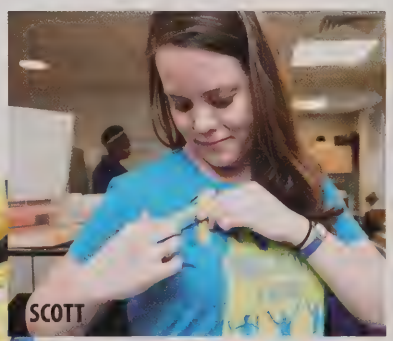
WITH REFLECTION AND RESOLVE, the MGH marked the one-year anniversary of the Boston Marathon bombings with a series of events and moments to honor the victims and the survivors, and to recognize the hospital community that came together to heal both bodies and minds.

WALSH

On April 14, under the Bulfinch tents, Boston Mayor Martin L. Walsh expressed his gratitude to MGH leadership and staff.

"I am here today to thank you for the great service you did for our city and in large part for all the work you have done for the families. The way you reacted and carried out your jobs that day, the way you do every day. You are heroes."

The MGH Employee Access Center was busier than usual on the morning of April 15 as staff lined up to pick up Boston Strong/MGH Proud ribbons.


SCOTT

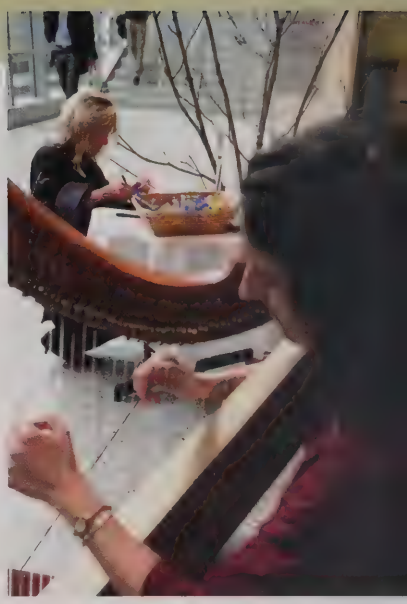
"I think it's important to show our support for the city, the survivors and for everyone running in the race," said Christine Scott, chief technologist in the Department of Neurology.

"We are all painfully aware that two bombs exploded a year ago today shaking our sense of safety and normalcy," said Ann Prestipino, senior vice president of Surgical, Anesthesia, Emergency Services and Clinical Business Development, during an MGH panel discussion, "First Responders: Perspectives and Lessons Learned," in the O'Keeffe Auditorium. The panel included MGH staff and clinicians who played key roles at the hospital following the attacks.

KING

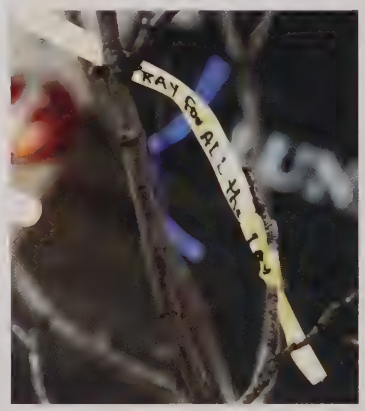
"Individual acts of bravery and a shared sense of teamwork saved countless lives," said Aaron Baggish, MD, associate director of the MGH Cardiovascular Performance Program and co-medical director for the Boston Marathon. "As a city united, we are ready more than ever to make the running of the 2014 Boston Marathon the best this city has ever seen."

David King, MD, a trauma and acute care surgeon, said everyone sees the tragic event through a different filter. King sees it through the eyes of a man who has run 40-plus marathons and who has served in combat in both Iraq and Afghanistan. "You always have something left in the tank," said King. "It can look bleak at mile 18, but at mile 26 you are sprinting. This institution demonstrates that over and over again."



Throughout the day, music filled the hospital corridors. Lorrie Kubicek, MT-BC, and Holly Chartrand, MT-BC, co-coordinators of the MGH Environmental Music Program (EMP), brought together musicians from the Boston area including the New England Conservatory and Berklee College of Music. "As a music therapist, I know firsthand the power music has to help our patients rehabilitate, express emotions and reduce the perceptions of pain. EMP musicians use the same qualities in music to bring peacefulness, ease and moments of joy to the larger MGH community. I can think of no better way to commemorate the joys and sorrows held in this day than through music."

Prayer trees located in the White, Wang and Yawkey building lobbies provided passersby an opportunity to write a prayer or share a wish on a ribbon and tie it to a branch. "Spiritually, this is a very thoughtful opportunity to share, to give and to be thankful," said Kathryn Krzeminski, a patient service coordinator in the MGH Cancer Center.



During the Commemoration and Service of Peace in the O'Keeffe Auditorium, Rev. John Polk, director of the MGH Chaplaincy, said, "Scripture tells us to run with endurance the race that it is set before us. That is what we have done since last April 15, and that is what we do each and every day." Polk was joined by members of the MGH staff, each of whom offered a prayer for Boston recited in different languages. At 2:49 pm, there was a moment of silence to observe the moment the first of two bombs exploded near the marathon finish line.

"We must look at the growth that comes from devastation," said Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse. "Our patients and families benefited from your knowledge, skill and compassion. Together we continue to move forward, to show we are resilient and we are good people. We are Boston Strong and MGH proud." ■

IVES ERICKSON

Why we run

GREENBERG

"My roommate Jaymi Cohen has been going through something that's so hard. Running the Boston Marathon in her honor, it's a measure of how proud I am of her for getting through the challenges she's faced since she was injured."

— *Alexandra Gilligan, Mass General Marathon Team "Fighting Kids' Cancer … One Step at a Time*

"The doctors and nurses who cared for my sister Jaymi Cohen were amazing. I'm running for Jaymi, but raising money for the MGH, where she was so well taken care of, made perfect sense."

— *Ilana Cohen, Mass General Marathon Team "Fighting Kids' Cancer … One Step at a Time*

"I'm proud of the job that everyone did on staff. We were all moved by those who were injured and their resilience; I'm running the marathon to honor them and their families, to acknowledge the heroic response of our staff, and to raise awareness for emergency preparedness."

— *J. Perren Cobb, MD, director of the MGH Critical Care Center and vice chair of Anesthesia, Critical Care and Pain Medicine, MGH Emergency Response Fund Team*

COBB

"I feel this need to represent Boston and Cambridge to show that we're not defined by a bomber or a bombing and I found running the Boston Marathon for the MGH was the best way to do that."

— *Nathan Greenberg, 19, MGH Emergency Response Fund Team*

DELANEY

"I think the Emergency Response Fund at the MGH represents all the things that worked really well around the marathon tragedy. The team struck a chord for me because I first met the victims and their families in the immediate aftermath of the bombings. It stays with you because it is something you don't expect to happen on a normal day in Boston."

— *Ruth Delaney, MD, orthopædic fellow in shoulder surgery, MGH Emergency Response Fund Team*

"I'm tremendously honored to have been selected as a member of the MGH Emergency Response Fund team. To run the Boston Marathon in honor of the victims of last year's attacks, their families, and all those who helped save lives, is a deeply humbling experience. By doing so, we celebrate compassion, courage and determination to overcome adversity."

— *Vladimir Ivkovic, PhD, psychiatry research fellow, MGH Emergency Response Fund Team*

"I think about it a lot when I'm running, especially the other day when everything was hurting. I think about the victims and how they were hurting more and this seems like a lot but it's nothing compared to what they're going through."

— *Marc Yelle, MD, PhD, anesthesia resident, who treated bombing victims in the SICU, MGH Emergency Response Fund Team*

For more information about this year's teams, visit *www.runformgh.org.*

This is the final story in of a series of articles that MGH Hotline published about the teams and team members supporting the MGH as part of this year's Boston Marathon.

Donate Life Month designation

APRIL IS NOW DONATE LIFE MONTH in Massachusetts. John Polanowicz, secretary of the Executive Office of Health and Human Services, presented the Governor's Proclamation at an April 7 event at the State House. Joren C. Madsen, MD, DPhil, director of the MGH Transplant Center, who was on hand to celebrate the new designation applauded the state legislature and Registry of Motor Vehicles for their critical role in the promotion of organ donation. Angela Marquez, administrative director of the MGH Transplant Center and Division of Transplant Surgery, also was present along with an MGH kidney transplant recipient.

"The event was a wonderful way to celebrate and thank the many donors and their families who have said 'yes' to donation, to giving life and to giving a renewed sense of hope to transplant recipients," said Marquez. "Without the donors, none of this would be possible."

To learn more about organ and tissue donation and transplantation, MGH Transplant Center staff and New England Organ Bank volunteers will host an information table in the White Lobby from 10 am to 2 pm, April 25 and in the lobby of the Charlestown Health Center from 10 am to noon, April 21 and 28.

GIFT OF LIFE: Celebrating the new designation at the State House

— Hospital to home

(Continued from page 1)

agencies, and five companies participated in the workshop – an interim step in a project that began at the White House on Dec. 12 and will conclude with a demonstration at the White House and National Institute of Standards and Technology (NIST) in June.

"We are showing that connectivity and interoperability actually improve health care and reduce costs," said Tracy Rausch, CEO and founder of DocBox, a company that integrates devices at the point of care with data from hospital information technology systems.

The SmartAmerica demonstration used the scenario of the man falling in his home to highlight how data sharing and connectivity can improve patient safety and staff efficiency – from the time of the fall to the patient's discharge. This is just one of many possible clinical scenarios that could be helped by closed loop solutions, said Goldman.

"We have to bridge the gap so we have access to all the data," said Edward Ost, director of Worldwide Technology Alliances at Talend, an open integration solutions company. "We want to be able to share patient identity from enterprise systems so there is no possibility for misidentification of a patient. We want to deliver that person's health care record to get medication information to the point-of-care health care provider."

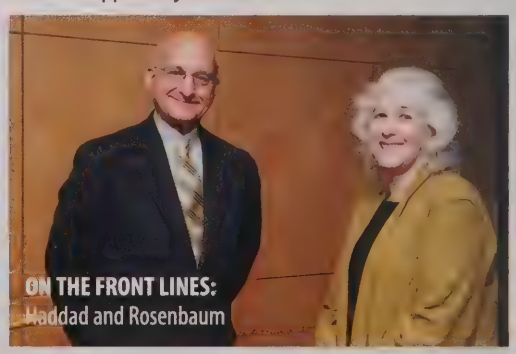
The Closed Loop Healthcare working group will continue to develop its demonstration for the June event at NIST and the Presidential Innovation Fellows running the SmartAmerica project will provide feedback about which aspects may be presented at the White House.

"It is really inspiring to watch the team members work together to make disparate components and test beds interoperate, to realize the amazing application scenario that can take health care to the next level," said Presidential Innovation Fellow Sokwoo Rhee, co-leader of the SmartAmerica Challenge.

"It's phenomenal to see what in December was a number of disjointed companies and projects come together in such a short period of time with such enthusiasm," said Presidential Innovation Fellow Geoff Mulligan, co-leader of the SmartAmerica Challenge. "They are working on something so critical for the future of patient safety and for health care efficiencies that can affect the burgeoning health care costs. We are excited about today and what will happen in June." ■

EAGER FOR EGGS: MassGeneral Hospital *for* Children (MGH*f*C) patients and their siblings including Jisele Samulonis were treated to an egg-stravaganza in the Howard Ulfelder, MD, Healing Garden at the Yawkey Center for Outpatient Care on April 17. During the annual Spring Egg Hunt hosted by MGH*f*C Child Life Services, the Spring Bunny also posed for pictures while visiting Ellison 17 and 18 and Bigelow 6.

The road to health equity


ON THE FRONT LINES: Haddad and Rosenbaum

"A LAWYER'S SKILLS are not unlike a physician's skills. You have to diagnose a problem and treat it," said Sara Rosenbaum, JD, Harold and Jane Hirsh Professor at George Washington University School of Public Health and Health Services Department of Health Policy. Rosenbaum, a guest speaker at the MGH's Ernest M. Haddad Lecture in Law and Ethics, presented a lecture, "Early News from the Front Lines on the Road to Health Equity," highlighting challenges faced by regions of the country where large portions of the population are uninsured.

Named in honor of Ernest M. Haddad, who served for 21 years as general counsel for the MGH and Partners HealthCare, the annual lecture features speakers who are experts on topics related to ethics and conduct in the health care environment.

"Much has been written and spoken about the regions in the United States where folks experience high levels of poverty or poor health, or opposition to government support of health care or voter suppression," said Haddad. "Sara presented powerful hard data in great graphics that demonstrate how closely these geographies overlap."

Rosenbaum's lecture outlined her belief that there is no easy answer to the health care crisis and ongoing legal battles in the Supreme Court about the Affordable Care Act. "The answer doesn't lie in what we can do to improve health," said Rosenbaum. "It's one thing in 1965 to sit around and let states decide who should have health care and quite another in 2014 to offer health care and wait around for states to come on board."

More than 100 MGH staff attended the April 3 lecture in the O'Keeffe Auditorium, hosted by the Mongan Institute for Health Policy.

Submit news tips and story ideas to *MGH Hotline*

Find *MGH Hotline* on the web at www.massgeneral.org/news/hotline or by scanning the QR code above.

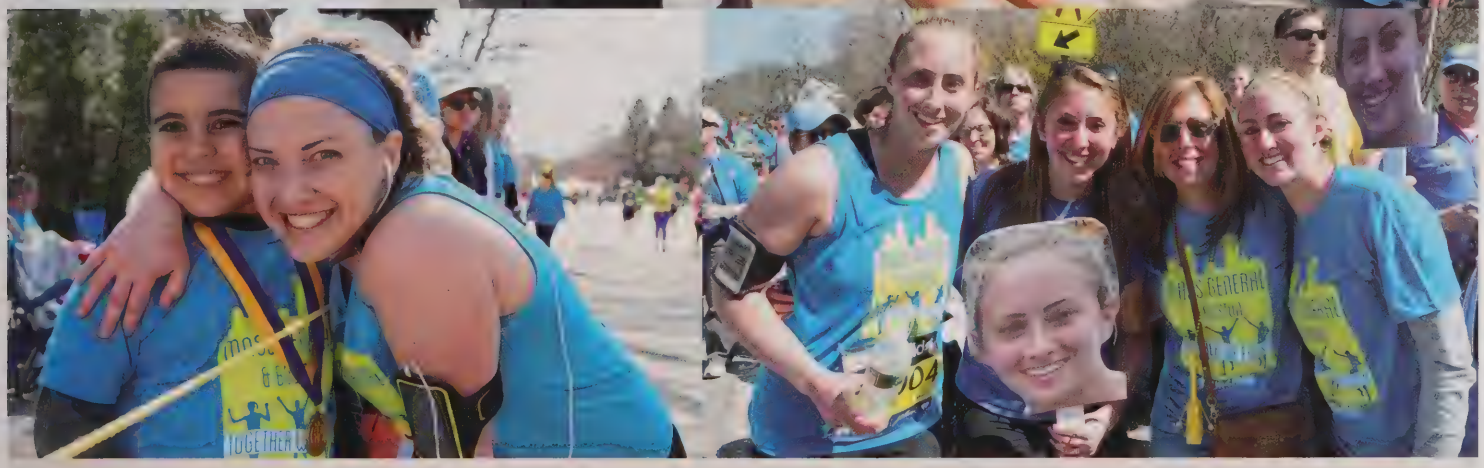
04.25.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH PROUD

THE 2014 BOSTON MARATHON marked a triumphant return for the MGH marathon teams, which swelled to 230 runners and included 80 employees. With fundraising continuing through June 1, the teams are on track to exceed their fundraising goals. The Pediatric Hematology/Oncology Team, MassGeneral Hospital *for* Children "Fighting Kids Cancer ... One Step at a Time," has raised an estimated $950,000; the MGH Emergency Response Fund Team has collected more than $291,000; and the Cystic Fibrosis Marathon Team has reached $100,000. The MGH also had athletes supporting other hospital programs – including Pediatric Palliative Care and the Pediatric Coordinated Care Center, Friends of the Lurie Center, dystonia research and the Red Sox Foundation and MGH Home Base Program. Learn more at *www.runformgh.org.*



Research strategic plan is focus of annual SAC meeting

"IT'S ALWAYS A GREAT PLEASURE to have this day come around and watch these presentations of beautiful science," said Robert Kingston, PhD, chief of MGH Molecular Biology and chair of the Executive Committee on Research (ECOR) at the April 2 Celebration of Science held in conjunction with the 67th annual meeting of the hospital's Scientific Advisory Committee. After previewing the two-day event, this year focusing on the hospital's strategic plan for research, Kingston announced eight new MGH research scholars *(see sidebar on page 4)* chosen from 95 applicants to receive five years of unrestricted funding.

The annual poster session held earlier that day featured 252 scientific posters from MGH research teams, 12 which were named posters of distinction. The presentations by the research award winners began the scientific session:

- **Jayaraj Rajagopal, MD,** of the Pulmonary and Critical Care Unit and the Center for Regenerative Medicine, received the Joseph Martin Prize for Basic Research for the Nov. 14 *Nature* paper describing his investigation of how lung cells can be "dedifferentiated" back into pulmonary stem cells, identifying factors that could either set off or prevent the transformation.
- **Stephanie Seminara, MD,** of the Reproductive Endocrine Unit in the Department of Medicine, received the Martin Prize for Clinical Research for her May 23 *New England Journal of Medicine* report identifying mutations

(Continued on page 4)

IN MEMORIAM

Laurie O'Leary, NP

LAURIE O'LEARY, a nurse practitioner at the MGH Chelsea HealthCare Center for 40 years, died April 17. She was 68 years old.

O'LEARY

"She was a bright light with a big sound," says Lynne Brodsky, MD, who worked with O'Leary at the center for 25 years. "She entered the office every day, greeting the team loudly, 'OK, I'm here. Where is everybody? Let's get to work!'"

O'Leary's work at the MGH Chelsea HealthCare Center began in 1974, and she dedicated her nursing career to the care of a diverse patient population, doing so with unparalleled enthusiasm.

"Those of us who worked with Laurie often marveled at her energy, and we would laugh when she complained of feeling tired, as her tired was our normal energy level," says Denise Sidorowicz, RN.

Adds Judy Fisch, MD, "Sharing patients with her was effortless because she had such sound judgment. We shared laughs, tears, personal and family highs and lows; she was family. There is no medical colleague I have loved working with more during my 30 years here."

A resident of Manchester-by-the-Sea, Mass., O'Leary was born and raised in Syracuse, N.Y. She received nursing degrees from St. Joseph's Hospital School of Nursing and Boston College before joining the MGH. Last November, O'Leary was honored by the hospital for her decades of contributions and leadership.

"What was impressive about Laurie was that she always gave 110 percent, even when she was not feeling well," says Deb Mariano, RN. "She was a very special lady who appeared to get up every day and live – not just exist."

The flowering tree outside the window of the office O'Leary shared with colleagues was her favorite because to her it signaled the end of winter, says Nancy Rosa, patient services coordinator. "She would say, 'Come look at that tree, look how pretty it looks. When I'm not here, you can look at that tree and think of me.'"

O'Leary is survived by her husband of 43 years Paul O'Leary, son David O'Leary, daughter Karyn O'Leary, two grandchildren, and siblings Geraldine Psyck, Robert Irving Psyck and Kenneth Psyck. Funeral services were held April 23.

Heroes among us

ON AN AVERAGE DAY in the city of Watertown, Mass., the police department fields 28 emergency 911 calls. However, on April 19, 2013, 566 calls to 911 were made within a few short hours during the shootout with the two suspects in the Boston Marathon bombings and the ensuing manhunt. Police also say an average gunfight typically lasts three to five seconds with a total of four rounds shot, but this intense battle lasted nearly six minutes with more than 200 rounds fired.

"It was a tough night for a lot of people," said State Trooper Chris Dumont, EMT-P, who has been lauded for his leadership and quick actions in helping to save the life of Massachusetts Transit Police Officer Richard Donohue, who survived cardiac arrest and near total blood loss after a bullet severed his femoral artery. "It's hard to describe that night. I don't remember having time to think about anything. My training just kicked in. Everybody worked together, and there wasn't one person who saved Officer Donohue's life. But if one person had done something differently, it could have cost him his life."

DEDICATED RESPONDERS:
From left, Rubash, Dumont, Dupuis and Grottkau

Dumont was a guest speaker, alongside Watertown Police Department Capt. Raymond Dupuis, at the April 17 MGH Department of Orthopædic Surgery Grand Rounds presentation, "Watertown – Officer Down," in the O'Keeffe Auditorium. "Everyone involved played a key role," said Dupuis. "Police, fire and EMS did what they were trained to do – but the doctors, nurses, physical therapists and all in the medical field saved the bombing victims' lives. I would not trade places with any of you. You are the true heroes."

The pair presented an overview of both the tactics police used as well as the lifesaving measures that took place during the chaotic scene. In the year following the attacks, they also have worked together closely to support an initiative that all Massachusetts State Police carry combat gauze and SWAT tourniquets in case of similar future injuries. Currently the 174 recruits now enrolled in the police academy are trained to use the materials, and this will soon be expanded so all troopers carry it while on patrol.

"So many of you in attendance were involved in the medical care of those who were injured after these horrible events," said Harry Rubash, chief of the Department of Orthopædic Surgery. "We wanted you to hear from the other heroes that were involved and take the time to say thank you for all of your dedication to our patients and our city."

The lecture was coordinated by Brian Grottkau, MD, chief of the Department of Orthopædic Surgery's Pediatric Service, who has worked as an auxiliary police officer in Winchester since 1991 and has been friends with Dupuis for several years. "You guys are out there on a daily basis taking care of us, and I just can't thank you enough," he said.

Measuring Excellence Every Day

UNDERSTANDING HOW to keep patients safe and provide high-quality care is a requirement to lead the nation in health care. A recent collaboration between the MGH Center for Quality and Safety, Patient Care Services, the MGH/MGPO Compliance Office, Infection Control, Ambulatory Practice Support, and the Medication Education Safety and Approval Committee aims to improve the quality assessment process at the MGH.

At the start of the year, a team consisting of nurses, doctors, physician assistants and registered pharmacists began conducting weekly tracer reviews – evaluating the extent to which quality and safety strategies are incorporated into hospital and patient care operations.

"Tracers can be done in a variety of ways," says Patrick Adams, RN, senior specialist in Clinical Compliance. "The team's priority at this early stage is to understand better how we provide care and services consistent with the requirements of the Joint Commission's National Patient Safety goals."

Adams says this can be achieved through direct observation of care, staff interviews and reviews of patient records. Each hospital inpatient unit, procedural location and selected MGH/MGPO ambulatory practice will be assessed by the team annually. Results of these reviews are shared with these unit or location's leadership staff to highlight the area's performance with established hospital systems related to the national goals, identified best practices as well as opportunities for improvement.

Interdisciplinary Tracer Program objectives

- Improve the quality assessment process as it relates to patient safety, compliance with hospital policy and regulatory requirements.
- Improve staff knowledge and the ability to articulate systems of care consistent with hospital policy and regulatory requirements.
- Improve the ability to quantify and qualify known areas of patient safety and regulatory risk.
- Identify staff learning needs hospitalwide.

"The tracer assessment process yields an abundance of both qualitative and quantitative data regarding our performance with the National Patient Safety Goals as well as other domains of care," says Adams. "A leadership dashboard for this data has been developed and will be populated and shared with hospital leaders over the course of the year."

A risk indicator will be assigned to each safety goal or area of care assessed by the team. These indicators will help to inform and advise potential performance improvement initiatives.

"The Interdisciplinary Tracer Program will help with our ongoing mission of improving the quality and safety of the care we deliver each and every day as well as prepare the hospital for a successful 2015 Joint Commission survey," says Adams.

For more information about the Interdisciplinary Tracer Program, contact the MGH/MGPO Compliance Office at 617-726-5109. ■

Honoring 'the blood drive guy with the bow tie'

A PHOTOGRAPH on the wall and a framed bow tie in the MGH Blood Donor Center are small reminders of the late Allan Moore, MD, whose legacy continues to live on through the Allan Moore Medical Service Blood Donor Challenge, which will commence May 1.

"Even people who didn't know his name would say, 'Here comes the blood drive guy with the bow tie,'" says Kim Cronin, manager of the Blood Donor Center.

His colleagues say that Moore, who founded the Medical Service Blood Donor Challenge in 2005, was struck by how little thought was given to where blood came from, or how difficult it was to maintain an adequate supply. He felt strongly it was the duty of hospital staff to give back to their patients by donating blood.

"He was one of the most positive people from the moment I met him – the big smile, the ever-present bow tie and sparkling eyes," says Cronin. "He really thought more people needed to donate blood and he came to my office and said, 'I'm here to help. What can I do?'"

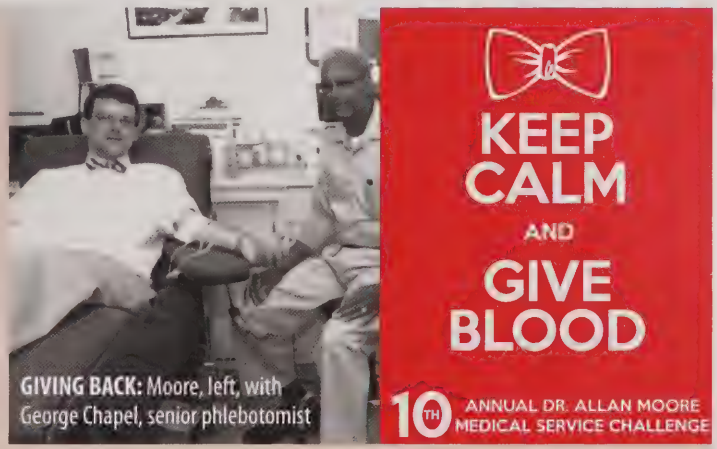
What he did was spark a friendly competition among his colleagues – consisting of three groups of MGH residents and fellows – which resulted in 77 donations. But Moore did not stop there. A week later he already began planning for the next year and a new challenge – doctors versus nurses – with the hope of surpassing the goal with each passing year. However, in 2008, Moore died in a motor vehicle accident.

"When Allan passed away, there was no other option in my mind than to continue to run the drive in his name," says Kerri Palamara McGrath, MD, now a physician in the Department of Medicine, who stepped forward to carry on the tradition. "I consider it an honor when members of the department tell me I remind them of Allan when I send emails or invite them into the donor center with me."

Last year the Allan Moore Medical Service Blood Donor Challenge resulted in 340 donations. This year will mark the blood drive's 10th year and a mark the blood drive's 10th year and a new challenge for members of the Medical Service. The top three teams will receive grand prizes, and all presenting challenge participants will receive a special T-shirt with Moore's trademark bow tie.

"When you donate blood or convince a buddy to donate, you honor Allan's memory and his vision," says Palamara McGrath.

For more information about the Medical Service Challenge, email Cronin at *kcronin@partners.org* or call 617-726-8165.



GIVING BACK: Moore, left, with George Chapel, senior phlebotomist

— SAC

(Continued from page 1)

in two genes that underlie a rare syndrome involving reproductive failure, a progressive movement disorder and eventual dementia.

• **Filip Swirski, PhD,** of the Center for Systems Biology, received the Howard Goodman Award for his work discovering a new type of immune cell – innate response activator B cells – and for identifying its role in producing a growth factor that stimulates the activity of other immune cells and in protecting against the out-of-control immune reaction called sepsis. Some of these findings were described in a 2012 *Science* paper.

Following the presentations, Richard Hynes, PhD, a SAC member and Ludwig Professor of Cancer Research at Massachusetts Institute of Technology, gave the keynote address describing his investigation of the role in cancer metastasis of a tumor's cellular environment – particularly of blood platelets and the supporting extracellular matrix.

ANNUAL POSTER SESSION

Following Kingston's annual ECOR report, Anne Klibanski, MD, chief of the MGH Neuroendocrine Unit and chief academic officer at Partners, addressed how MGH research is integrated into the Partners enterprise, noting the reorganization of Partners Research Ventures & Licensing into Partners Innovation, other Partners resources in support of translational medicine, and centralized services such as research computing and the new BioBank. Merit Cudkowitz, MD, MSc, chief of Neurology, and Keith Lillemoe, MD, chief of Surgery, both presented reports highlighting their departments' research accomplishments.

Harry Orf, PhD, senior vice president for Research, introduced the plan for an MGH Research Institute designed to support, promote and guide the overall research enterprise. The institute is designed to reaffirm the hospital's commitment to basic research, better integrate the research and clinical missions, increase engagement with both patients and industry, and increase the visibility of MGH research. It will serve to make research more efficient and to increase research funding, especially from industry and philanthropy. An important new position will be held by the scientific director of the institute, who will work directly with current hospital leadership to help devise and implement these goals.

The last three presentations described key components of the research institute. A reorganization of the Clinical Research Program (CRP) was discussed by Jerrold Rosenbaum, MD, chief of Psychiatry, and Maurizio Fava, MD, who has succeeded William Crowley, MD, as director of the program. The CRP structure will now include department-based clinical research programs in an effort to integrate programs across the hospital and enhance collaboration across Partners. Mason Freeman, MD, director of the Translational Research Center, now part of the CRP, described how the center is designed to move basic science discoveries into new drugs, devices and treatments and facilitate partnerships with industry collaborators. Sue Slaugenhaupt, PhD, co-director of the Partner's BioBank – which now includes genomic data on more than 12,000 patients – discussed the project's progress and its potential as an invaluable resource for MGH and Partners investigators.

2014 MGH Research Scholars

RESEARCHERS PURSUING EXCITING IDEAS that explore new scientific avenues often find it difficult to secure research funding. The MGH Research Scholars program was established in 2011 by ECOR and the MGH Research Advisory Council to provide innovative investigators with financial support allowing them to follow the science wherever it may lead. This year's group of eight scholars, chosen from 95 applicants, brings the total number of MGH Research Scholars to 28.

Leif Ellisen, MD, PhD, MGH Cancer Center
Katia Georgopoulos, PhD, Department of Dermatology/Cutaneous Biology Research Center
Thorsten Mempel, MD, PhD, Center for Immunology and Inflammatory Diseases
Matthias Nahrendorf, MD, PhD, Center for Systems Biology
Jayaraj Rajagopal, MD, Center for Regenerative Medicine
Stephanie Seminara, MD, Reproductive Endocrine Unit, Department of Medicine
Jordan Smoller, MD, ScD, Department of Psychiatry
Johnathan Whetstine, PhD, MGH Cancer Center

Announcements available online
To read this week's "What's Happening" items, visit http://intranet.massgeneral.org

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at www.massgeneral.org/mghhotline or by scanning the QR code above.

05.02.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

EXTRAORDINARY SERVICE: Doris Jimenez, of Environmental Services, right, who received a PIE award for quality treatment and service, celebrates with Stefanie Ryan, of MGH Photography.

Celebrating excellence

"IT FEELS EXCITING TO BE APPRECIATED but also feels great to be working for an amazing institution," said Christine Griffin, a project specialist in MGH Health Information Services.

Griffin is one of more than 2,000 MGHers who received a Partners in Excellence (PIE) Award at the April 24 celebration under the Bulfinch tent honoring another year of outstanding efforts in support of Partners HealthCare and its affiliates.

Jeff Davis, senior vice president of MGH Human Resources, served as master of ceremonies. He, along with Peter L. Slavin, MD, MGH president, and Gary L. Gottlieb, MD, MBA, Partners HealthCare president, posed for photos with recipients.

"Today we celebrate some of the best and brightest health care workers," said Slavin. "It is a pleasure to be with you to honor the achievements of so many dedicated staff members."

The awards program recognizes exceptional Partners employees and teams in one of five categories: quality treatment and service, leadership and innovation, teamwork, operational efficiency and outstanding community contributions. Partners employees are nominated by their colleagues and managers.

"These awards really speak to the nature of the organization and the importance of collaborating," said Michael Sullivan, DPT, PT OT, director of MGH Physical Therapy Services, whose team was honored. "I don't know another place that does it better than the MGH." ■

Innovation, collaboration

AS ONE OF THE TOP academic medical centers in the world, the MGH is recognized for its rich history of innovation. On April 22, the hospital extended that culture with the launch of the Healthcare Transformation Lab (HTL) in collaboration with the MGH Corrigan Minehan Heart Center in the MGH Institute for Heart, Vascular and Stroke Care.

Founded and led by Eric Isselbacher, MD, associate director of the Heart Center and co-director of the Thoracic Aortic Center, the HTL will focus on improving the experience and value of health care through collaborative innovation. "Before, there wasn't an outlet for doctors to evolve their ideas – now they have a home base and the resources to see their ideas come to life," Isselbacher says.

The lab will welcome and engage all health care workers, along with collaborators from other institutions to participate in the ideation and innovation process. "We have already established strategic collaborations with Massachusetts Institute of Technology and Harvard Business School to further support and strengthen our innovation platform," says Maulik Majmudar, MD, associate director of the HTL. "Our goal is to create a rich ecosystem of people with diverse backgrounds and skillsets."

LAUNCHING THE LAB: From left, Majmudar, Isselbacher and Jackson

In the first wave of projects, the lab will explore work focused on expanding the role of information technology in clinical care, incorporating various models of telemedicine into everyday practice, and enhancing communication among patients, family members and providers.

(Continued on page 4)

Above and beyond

SECRETARIAL AND CLERICAL STAFF from across the hospital were honored April 23 at the Administrative Support Staff Day, which included the presentation of the annual Pamela J. Ellis Memorial Secretarial Award.

Opening the ceremony under the Bulfinch tents, Jeff Davis, senior vice president for Human Resources, welcomed guests, followed by Peter L. Slavin, MD, MGH president and David Torchiana, MD, MGPO chairman and CEO, who both expressed their appreciation for the key role administrative staff play in fulfilling the MGH's mission.

"Our days often get so busy we don't get the chance to say thank you for all you do. This is why we are here today. We want you to know we value you as an essential member of the MGH family," said Slavin.

R SUPPORT:
left, Torchiana; Pierce-Chana; Joan Sapir, MGH/MGPO
r vice president; Slavin and Davis

"This is one of my favorite events," said Torchiana. "I appreciate how much an assistant can mean – greeting patients with kindness, dealing with complaints and keeping things running smoothly. You are the backbone of the MGH."

Described as the "calm in the eye of the storm" and "a rock for us to lean on," Susan Pierce-Chana, an operations associate on the Lunder 9 Inpatient Oncology Unit, was honored with this year's Pamela J. Ellis Award. More than 90 individuals were nominated for the award, named in honor of an executive secretary at the MGH who died in October 1996 at the age of 31. The $1,000 award was established in 1997 to honor employees who exhibit the same excellence demonstrated by Ellis.

"I want to thank everyone from Lunder 9," said Pierce-Chana. "I couldn't work for better people. I am humbled and honored to know I am appreciated. It really means a lot to me." ■

Kimball honored with Bowditch prize

ALEXA KIMBALL, MD, MPH, medical director of the MGPO, received the 2014 Nathaniel Bowditch Prize on April 29. Named in honor of the self-taught scholar and celestial navigator who helped raise support for the construction of the MGH in the 1800s – the annual award recognizes an individual or team for increasing the quality of care at the hospital while reducing costs.

"A simple observation with a lot of good backup can lead to remarkable innovation," said Kimball. "I want to thank the leadership and trustees who clearly make this a priority and foster a culture that really allows us to innovate today and for the future."

FROM OBSERVATION TO INNOVATION
Warshaw, left, and Kimball

Kimball was nominated for introducing two innovations focused on patient-missed appointments. "Smart-booking" initiated a more streamlined approach to scheduling, which resulted in an improvement in patient arrivals without overburdening physicians, as well as the expansion of the program into three departments. "Smart-calling" – using data culled from 1.72 million medical records – is based upon a tool that targets patients who have a 90 percent likelihood of missing appointments. These patients then receive additional reminder phone calls. The program is currently used in 30 MGH clinics.

During the award ceremony in the Trustees Room, Andrew Warshaw, MD, chairman of the Bowditch Prize Committee and former chief of the MGH Department of Surgery, congratulated the nominees. "The extraordinary creativity of the MGH staff is evident in the breadth of the Bowditch Prize nominees, clinical and non-clinical," he said. "While there can be only one winner, all of the nominations attest to recognition and appreciation by their peers and leaders."

The Bowditch prize was established in 2000. Those considered for the award are nominated by their peers. The top idea is selected by the prize committee, and winners receive a $5,000 cash prize.

Partners eCare training teams ready for kickoff

ON MAY 11, MGH ADMINISTRATIVE PROFESSIONALS AND CLINICIANS will begin training to use the new Epic revenue cycle system scheduled to go-live at the MGH on July 12. Over the next two months, 5,818 training hours are scheduled at the hospital and more than 7,500 MGH staff will prepare for go-live and the incorporation of new Epic revenue cycle applications into daily workflows.

MGH leadership, representatives from Epic, and members of the Partners *e*Care training team have created a multi-faceted plan to deliver clear, effective training. Curricula and materials are highly customized and will offer hands-on training experiences for end users in all roles.

Trainings will be led by a group of 35 credentialed trainers, including some MGH representatives who have completed an extensive six-week training program, and more than 800 super users – staff with advanced expertise in using the new system – who will assist with classroom training and offering insight into operational changes.

"Preparation for the go-live is a major undertaking at the MGH, as there will be 7,531 staff members enrolled in 54 training tracks, each offering 188 courses with multiple sessions," says Sally Mason Boemer, senior vice president of MGH Finance. "We would like to thank each and every staff member for their time and dedication to these training sessions which will help us to ensure a smooth launch on July 12."

Training will be offered multiple times during the implementation period and will incorporate a variety of learning methods – including eLearning, instructor-led training, performance support materials, and practice environment activities tailored to suit the needs of specific users and optimize the learning experience.

Following training, proficiency assessments will ensure that all Epic users are ready to complete their daily responsibilities in the new system. At Newton-Wellesley Hospital, the first site to begin using the new Epic revenue cycle system, training proved overwhelmingly successful as end users were capable of working within Epic on day one. Everyone of the trained users achieved proficiency and all have continued to demonstrate their aptitude and flexibility in the six months since go-live.

"The Partners *e*Care training team has worked hard to craft a comprehensive program that will prepare all MGH users for success at go-live," said Maria Hood, Partners *e*Care Revenue Cycle training director. "Training is a critical piece of the Partners *e*Care implementation process. The next two months will ready MGH users to complete their tasks in the new Epic revenue cycle system and will ensure that users feel supported and ready for go-live." ■

GIVE A HAND, SAVE A LIFE: More than 300 boys from St. John's Prep attended a CPR training at a spring Wellness Fair held at the Danvers school. Volunteer nurses and emergency medical technicians, including Ines Luciani-Mcgillivray, RN, MGH Emergency Services, left, demonstrated compressions-only CPR on adult mannequins. "They had lots of fun learning how quick and easy it can be to save a life," says Luciani-Mcgillivray. "If we can get into the school arena and teach more of our young people CPR, more lives will be saved."

Announcements available online
To read this week's "What's Happening" items, visit http://intranet.massgeneral.org.

MGH 1811

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Sense of belonging

"WHEN YOU BELONG SOMEWHERE you feel accepted and welcome – a total and confident sense of being in a place, membership or organization," said Ezra Griffith, MD, the keynote speaker at the MGH Department of Psychiatry's Center for Diversity annual spring speaker series.

A professor emeritus and senior research scientist in Psychiatry, professor emeritus of African American studies and deputy chair for Diversity and Organizational Ethics at Yale School of Medicine, Griffith presented "Belonging as a Framework for Personal Narrative," at the April 23 event in the Ether Dome.

Griffith spoke about the mental energy spent by some members of minority communities, including himself, who often question, "Do I belong?" He also reflected on his career in an academic institution and the importance of mentoring.

"A mentor gives you comfort, a sense of who you are and grounds you," said Griffith.

DEDICATED TO DIVERSITY: From left, Griffith; Anne Emmerich, MD, speaker series chair and MGH psychiatrist; Jerrold Rosenbaum, MD, chief of the Department of Psychiatry; and Hasani Baharanyi, MD, a Psychiatry resident.

The MGH Department of Psychiatry Center for Diversity's speaker series invites nationally recognized speakers to discuss a wide range of issues with faculty, trainees and staff. The event was part of the YWCA Stand Against Racism program, a national day of action to raise awareness that racism still exists in area communities. ■

— *Innovation, collaboration*

(Continued from page 1)

"It is important for us to explore novel digital health technologies and see how we can apply these technologies in a health care setting," Majmudar says.

Majmudar is no stranger to technology innovation.

SEEING THE FUTURE: Majmudar with Google Glass

He is a finalist in the Google Glass Challenge for his work developing a potential solution for handling post-operative notes. He currently is collaborating with another academic innovation group in India to develop Scribe, a software application that will allow surgeons to dictate notes in real-time incorporating audio, photographs and videos using Google Glass, a hands-free computer device with a head-mounted display. "Using Scribe, surgeons can provide a teaching module for patients, their families and colleagues and at the same time, increase productivity," Majmudar says. "There are existing novel technologies that can become particularly useful when applied in the right health care environment, so we need to identify and leverage them."

In addition to Isselbacher and Majmudar, the lab's leadership team includes Ann Prestipino, senior vice president of Surgical, Anesthesia, Emergency Services and Clinical Business Development, who serves as the administrative champion, and Julia Jackson, MBA, senior operations manager. Program coordinators Perry Band and Christina Hilgendorf also recently joined the implementation team. Staff and space are expected to continue to grow over the next few years. "Launching this lab is taking the idea of process improvement to the next level," Jackson says. "So many of our projects can benefit patients and providers broadly, and we are excited that the Heart Center and the MGH share our commitment to this work."

To learn more, email the Healthcare Transformation Lab at *hctransformationlab@partners.org*.

05.09.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PERFECT PRESENTATION: Slavin, left, and Ives Erickson

Unveiling a legacy

A NEW PORTRAIT OF LINDA RICHARDS, America's first professionally trained nurse and superintendent of the Boston Training School at MGH from 1874 to 1877, reveals an image of a heroic leader, innovator and champion of nursing.

"We owe so much to Linda Richards," said Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse. "She was a truly remarkable and understated individual, woman and nurse and a true pioneer who devoted her life and career to her ideal of what nursing could be."

The recently commissioned portrait of Richards was unveiled at the Paul S. Russell, MD Museum of Medical History and Innovation on May 6 – one of the many events to celebrate Nurse Recognition Week at the hospital.

MGH President Peter L. Slavin, MD, offered opening remarks. "We see the legacy of Linda Richards in our commitment to ensuring we have a highly educated and dedicated nursing workforce. We see Linda Richards' legacy in the compassion, skills and critical thinking that are a common thread in every nurse-patient interaction throughout the MGH community."

When Richards became superintendent of the Boston Training School at MGH, the school was on the brink of closure. Under Richards' leadership, the institution was transformed into one of the preeminent nurse training programs in the country, and the evolution of nursing as a profession began. Richards organized the nurses and their duties, placed a nurse and assistant in charge of each ward, appointed night duty nurses and hired scrub women to wash bandages and mop floors. Richards won over the doctors and transformed the hospital. This was Richards' first superintendent position in a nearly 40-year-long career dedicated

(Continued on page 2)

Supporting Stroke Services

MAY IS NATIONAL STROKE AWARENESS MONTH. To highlight the condition, Lee H. Schwamm, MD, executive vice chairman of Neurology, director of the MGH Stroke Service and a leader in the MGH Institute for Heart, Vascular and Stroke Care, shares information about strokes, warning signs and advances in stroke care at the hospital.

What is a stroke?

Stroke is the fourth leading cause of death in America and a leading cause of adult disability. A stroke occurs when a blood clot blocks an artery – or a blood vessel breaks – interrupting blood flow to an area of the brain. When either happens, brain cells begin to die and brain damage occurs.

What are the symptoms of a stroke?

There is a very simple acronym to remember called FAST. The acronym stands for common stroke symptoms and a critical call to action: Face drooping, Arm weakness, Speech difficulty and Time to call 911. Not all strokes present in this way, but if those symptoms are present it should be considered a stroke until proven otherwise.

(Continued on page 4)

SCHWAMM

Celebrating Nurse Recognition Week

NURSE RECOGNITION WEEK began May 1 in the O'Keeffe Auditorium with an address by Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse, who spoke about the "five gifts" that bring to life the great work occurring across the MGH – trust, empathy, appreciation, generosity and forgiveness. Ives Erickson also highlighted some of the many success stories of the past year. The event was followed by an afternoon staff nurse reception cake-cutting ceremony in the Trustees Room.

On May 2, Kathleen Miller, RN, director, and Joanne Rowley, RN, nurse educator, both from MGH Benson-Henry Institute for Mind Body Medicine, walked attendees through a number of relaxation and self-care exercises in their presentation, "Self-Care Palette for Nourishing the Mind, Body and Spirit: Relax and Renew."

Susan Lacey, RN, program director for the American Association of Critical-Care Nurses Clinical Scene Investigator Academy, facilitated "Clinical and Professional Transformation: A Dialogue with Clinical Scene Investigator Graduates" on May 5. Panelists included MGH Critical Care Unit staff nurses, Erica Edwards, RN; Lisa O'Neill, RN; Norine O'Malley Simmler, RN; and Alicia Sheehan, RN.

On May 6, Natasha McEnroe, director of the Florence Nightingale Museum in London presented "No Bows, No Curls, No Jewelry and No Hoop-Skirts: The Trained Nurse in the 19th Century."

McEnroe shared an overview of the lives and works of Richards and Nightingale – their similarities and differences – and even some connections between Nightingale and the city of Boston.

Nurse Recognition Week culminated on May 7. Events included an Interactive Nursing Research Poster Session, the presentation of the Yvonne L. Munn Nursing Research Lecture, "Implementing Power as Knowing Participation in Change: Impact on the Professional Practice Environment," presented by Elizabeth Ann Manhart Barrett, RN, BC, PhD, FAAN, health patterning therapist, professor emerita of Nursing, Hunter College of the City University of New York. Barrett's lecture was followed by the presentation of the 2014 Munn Nursing Research Awards.

ABOUT FACE: An event participant inspects her reflection

Beauty beyond skin deep

NO ONE WORKS A ROOM quite like Tim Quinn. The celebrity makeup artist and national director of Creative Artistry for Giorgio Armani Beauty has a gift for making a woman look and feel beautiful. On May 7, just as he has done for the past three years, Quinn brought his gift to the MGH.

"I wanted to do something for the nurses who did so much for me," says Quinn.

Seven years ago, Quinn received treatment for testicular cancer and to show his gratitude for the care he received from the MGH oncology staff, he decided to host the annual makeover event, which is staffed by a team of volunteer Giorgio Armani makeup artists. "We have made it grander as the years have gone by," says Quinn.

Healthy, trim and tanned, Quinn smiles as he surveys the Lawrence House conference room – pulsating with music and chatter, and brimming with brushes, lip glosses and dozens of beauty products.

Cindy Kane, RN, in the MGH Cancer Center, holds a mirror and marvels at the transformation. "This is fabulous. It's uplifting. It just makes you feel good."

Rhonda McIntyre, RN, in the Pediatric Oncology Clinic, agrees. "It's such a nice treat. We are always taking care of other people so we seldom have an opportunity to take care of ourselves."

More than 60 MGH nurses took part in this year's event. ■

— *Unveiling a legacy*

(Continued from page 1)

to establishing or reorganizing schools of nursing.

Richards left the Boston Training School in 1877 to spend several months in England studying hospitals run under the Florence Nightingale system before returning to the United States. She later spent five years as a medical missionary in Kyoto, Japan, where she established that country's first school of nursing.

"Linda Richards not only helped to establish professional nursing in America and in Japan, she also organized or reorganized more than a dozen training schools for nurses, furthering her vision for establishing the role of the trained nurse," said Ives Erickson.

Artists Warren and Lucia Prosperi, who created the Ether Dome mural and whose work appears in acclaimed museums and galleries, were commissioned to create Richards' portrait, described by Ives Erickson as a "labor of love."

"The portrait has immense significance," said Natasha McEnroe, director of the Florence Nightingale Museum in London and a guest speaker at the event. "It doesn't just represent a remarkable life, and it doesn't just represent the importance of MGH history, it also symbolizes the amazing work that Boston nurses do today."

The final days of Richards' life were spent at the New England Hospital for Women and Children, where more than 50 years prior, she had become America's first trained nurse. At the time of her death in 1930, there were 294,268 trained nurses in the United States.

The portrait will be on display in the museum throughout the month of May. ■

Learning and leading

TOKEN OF GRATITUDE: Schlapp congratulates Cunningham

"IT IS VERY DIFFICULT to stand up in front of a group and make a presentation, and it's especially difficult when English is not your first language," says Kristen Schlapp, a lead instructor for the MGH Workplace Education Program.

For the past eight months, Schlapp has taught the MGH Workplace Education Program Intermediate B English class, which offers English for Speakers of Other Languages (ESOL) and computer classes to support staff in the hospital. The English classes run from September through May and are designed to meet the needs of employees in their work and improve their language skills in everyday life.

"It helped us a lot," says Myrone Cunningham, a patient care associate for Central Resource Team Nursing. "I am grateful; my spelling and grammar have improved and I feel more confident."

Added Rosa Bonilla, a patient care associate in Admitting, "It has helped me to improve my English and communicate with patients, co-workers and visitors."

On April 30, Cunningham, Bonilla and six classmates demonstrated their communication skills as part of a project focused on safety in the hospital. In front of an audience made up of colleagues, guests and friends at the MGH Training and Workforce Development office, the students reviewed hospital safety rules with a PowerPoint presentation while practicing their professional speaking skills.

"We had a wonderful teacher who made everyone feel comfortable and confident," says Alix Manigat, support staff on the Ellison 14 Burn Unit.

Adds Schlapp, "A presentation like this shows they are developing the communication and leadership skills to make a difference at the MGH. I am very proud of their accomplishments."

For more information about MGH Workplace Education Program classes, contact Schlapp at 617-726-2388 or *kschlapp@partners.org.* ■

Psychiatry hosts annual symposium

COMMUNITY COLLABORATIONS: The second annual symposium on Public Sector and Community Psychiatry took place April 30 under the Bulfinch Tent. The event celebrates the depth and breadth of clinical training research and activities in the Division of Public and Community Psychiatry at the MGH. It brings together psychiatry trainees, faculty, community collaborators, and state mental health leaders to promote their shared interests and commitment to this field. Speakers addressed federal homelessness policies and their intersection with mental health, evidence-based treatment of schizophrenia and the opioid epidemic in New England. The talks were followed by a poster session featuring the work of more than 25 faculty and trainees. Pictured from left, Corinne Cather, PhD, director, Psychology Services for the MGH Schizophrenia Program; event co-organizer Oliver Freudenreich, MD, medical director, MGH Schizophrenia Program; event co-organizer Derri Shtasel, MD, MPH, director of the MGH Division of Public and Community Psychiatry; Tim Wilens, MD, director, MGH Center for Addiction Medicine; keynote speakers Ellen Bassuk, MD, founder, National Center on Family Homelessness and Center for Social Innovation and Jeffrey Olivet, MA, CEO, Center for Social Innovation.

PERFECT SCORE: The Ellison 12 General Medicine Unit marked World Hand Hygiene Day with a celebration of its own – a 100 percent hand hygiene score. In less than one year, the new unit improved its score by more than 60 percent. "We were comfortable reminding each other to wash and use Cal Stat antiseptic handrub," says Venice Scott, RN. "It was about every person in the unit. Everyone really grabbed hold of the concept and spread the word." The unit posted reminder signs at the entrance to every patient room, sent out email messages and made a point of congratulating staff for practicing safe hand hygiene.

Hands up for hand hygiene

05.09.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit [illegible]

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Henshaw
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
[illegible]

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

Oh baby!

A REUNION TO REMEMBER: Heidi and Andrew Cheerman of Sharon, Mass. reunite with Massachusetts State Trooper Michael Close hours after he helped deliver their baby. In the early hours of May 2, the Cheermans were on their way to the MGH when they were forced to pull over on the side of the road at Charles Circle in Boston – Heidi Cheerman, a physical therapist at the MGH, was giving birth. Without skipping a beat, Close – who was working an overnight detail – grabbed his medical bag, towels and blankets from his cruiser and delivered Alanna Juliet – a healthy baby girl. "Michael did an incredible job," Heidi Cheerman says. "It is just so great to see people pull together to help a miracle happen."

— *Supporting Stroke Services*

(Continued from page 1)

An alarming national trend finds more people experiencing stroke at a younger age. Why do you think that is?
One main contributing factor is lifestyle, which is increasingly sedentary. Because of the obesity epidemic, people are developing vascular disease at younger ages. In addition, more hospitals are using MRI scans to evaluate patients who present with stroke-like symptoms. These scans are helping doctors detect more strokes than before.

What lifestyle modifications can prevent a stroke?
There is a lot you can do to help prevent a stroke. Watching what you eat and being physically active are high on the list and also help prevent dementia. If you are a smoker, quit and avoid second-hand smoke. Decrease your alcohol intake to less than one drink a day on average if you are a woman and less than two if you are a man. Too much alcohol may raise your blood pressure and add calories to your diet.

What advances in stroke care have taken place at the MGH in the last few years?
We are working on a variety of fronts to advance the care provided for stroke patients at the MGH. We are trying to apply the known evidence-based treatments for stroke patients faster, more reliably and to a broader group of patients. Our team has invested a tremendous amount of effort, in collaboration with the Emergency and Radiology departments to reduce the amount of time it takes to deliver treatments once a stroke patient arrives in our Emergency Department or at other hospitals around New England. We know from national studies that every 15-minute decrease in the time it takes to get treatment reduces death by 5 percent and increases the likelihood that a stroke patient is able to go home from the hospital. We also are developing new therapies for stroke patients to improve their acute treatment and recovery, or to prevent a second stroke. In addition we are systematically collecting information about the clinical conditions, genetics and imaging findings in stroke patients – carefully characterizing the nature of their medical conditions and disabilities resulting from strokes to help predict future risk of stroke or the type of patients most likely to respond to certain treatments.

In honor of Stroke Awareness Month, the Institute will host information tables from 10 am to 2 pm on May 13, 14 and 15 in the White Lobby. For more information about early stroke recognition, prevention and advancements in technology that support stroke care, visit *www.telestroke.massgeneral.org*.

05.16.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Disaster drill – keeping calm in a crisis

WITHIN AN HOUR after a heating, ventilation, air and cooling power malfunction on the MGH main campus, Incident Command was activated and the order to evacuate 1,000 patients was given. Elsewhere in the city, SWAT teams worked to subdue active school shootings while bomb technicians investigated suspicious devices, and first responders worked to rescue victims of a collapsed parking lot. Fortunately these events were not a case of catastrophe in Boston – they were part of a May 3 citywide 24-hour training exercise known as Urban Shield.

Designed to simulate real-world disasters, Urban Shield is a multi-agency coordinated drill that allows first responders, hospitals and law enforcement to practice emergency response on a large scale. For its part, the MGH practiced patient evacuation and transportation. Volunteers placed life-size mannequins onto specialized sleds (*above*) and lowered them down stairwells in the Lunder and Ellison buildings. And dozens of live volunteers – including some 60 Medical Reserve Corps members – were loaded into ambulances and sent to other hospitals across the city.

"Participating in Urban Shield was a fantastic opportunity for us to practice this type of scenario because we were able to work with partners across the city to create an exercise that was as close to real-world as we could get," said David Reisman, senior administrative director for MGH Emergency Preparedness. "Each time we practice these scenarios we are able to learn something new, which only helps us prepare for these types of events should they happen in real life."

Added Paul Biddinger, MD, chief of Emergency Preparedness and medical director for Emergency Department Operations at the MGH, "We saw the effect this type of training can have during a citywide disaster during the 2013 Boston Marathon. The years of planning, coordination and practice were clearly evident during that time and undoubtedly saved lives, and we are committed to continuing these efforts." ■

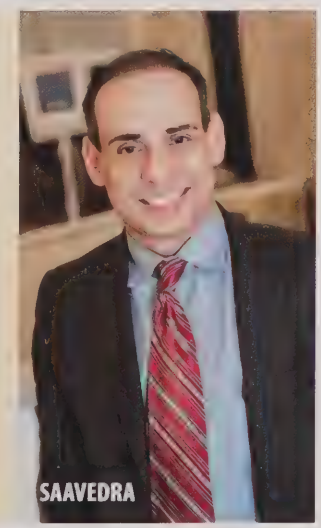
Keeping safe while having fun in the sun

SAILING ON THE CHARLES RIVER, strolling through Boston Common, relaxing on Castle Island – spring has finally arrived in the Boston area. But as people head out to have fun in the sun, physicians caution the public to practice sun safety. In honor of Skin Cancer Awareness Month, Arturo Saavedra, MD, PhD, MBA, the new medical director for MGH Medical Dermatology, discusses the best way to keep safe from the sun's rays.

Q. Data indicates one in five Americans will get skin cancer. What are the best methods of protection?

A. The best way to protect yourself is to try to stay out of the sun. Unprotected skin can be damaged in as little as 15 minutes. Ultraviolet rays, not temperature, do the damage; and sunlight between 11 am and 3 pm is the highest risk. The use of sunscreen with an SPF of at least 30 is recommended. Be careful to reapply every two hours if swimming or sweating. The use of protective clothing, which may be purchased with sunscreen impregnated cloth, is used by some people as well. Melanoma is the most common cancer for young adults 25 to 29 years old and the second most common form of cancer for adolescents and young adults 15 to 29 years old. When caught early, skin cancer – including melanoma – is highly treatable.

(Continued on page 2)



SAAVEDRA

— *Keeping safe*

(Continued from page 1)

Q. Do toddlers need special sunscreen or can the entire family use the same SPF?

A. From age 6 months up, sunscreen – again, with an SPF of at least 30 – should be used on any area that would be potentially exposed. In terms of which sunscreen, there are two main categories – physical or chemical. Physical sunscreen works to bounce the light off the skin rather than absorb it and change it chemically. For those with sensitive skin, a physical sunscreen containing zinc or titanium as active ingredients may be preferable to products with chemical sunscreens.

Q. Is sunscreen necessary late in the day?

A. If you are exposed to UV light, there is always a risk. We recommend some sort of sunscreen protection later in the day, although reapplication of sunscreen may not be necessary.

Q. What type of skin lesion is a sign of trouble?

A. Any new skin lesion that seems unfamiliar – particularly those that offer symptoms such as itching, bleeding or rapid growth – raises concern and should be evaluated by a doctor. Not all skin cancers offer symptoms, so a new skin lesion, whether pigmented or the color of your skin could represent a skin cancer. Dermatologists are uniquely trained to evaluate these lesions and determine the potential that they may represent one of various types of skin cancer. When in doubt, skin biopsies can be performed for diagnosis and to determine the best type of treatment. Patients who have a family history of skin cancer – or who may have had moderate to severe sun exposure earlier in life – would benefit from an initial visit to a dermatologist and perhaps even yearly screening exams. Ask your primary care provider if you should be seen by a dermatologist given your specific circumstances and medical history.

For more information, contact the Medical Dermatology Department at 617-726-2914.

IN MEMORIAM

Susan Noska, RN

SUSAN NOSKA, RN, CNN, CCTC, lead coordinator of the MGH Abdominal Transplant Programs, died May 12 at the age of 63.

Respected and admired by colleagues, Noska is described as "the glue of the program" and "the calm in the middle of the night."

"There was not a detail about the patients on our waitlist that got past her; she always had the critical facts at her fingertips," says Raymond Chung, MD, medical director of the Liver Transplant Program. "I will miss her friendship and her persistent advocacy for our patients."

James Markmann, MD, PhD, chief of the Division of Transplantation, says he will remember Susan as a dedicated nurse and wonderful person. "She provided a pillar of stability for our program and was a great role model and educator, not only for the nurse coordinators but also for many other staff at the MGH."

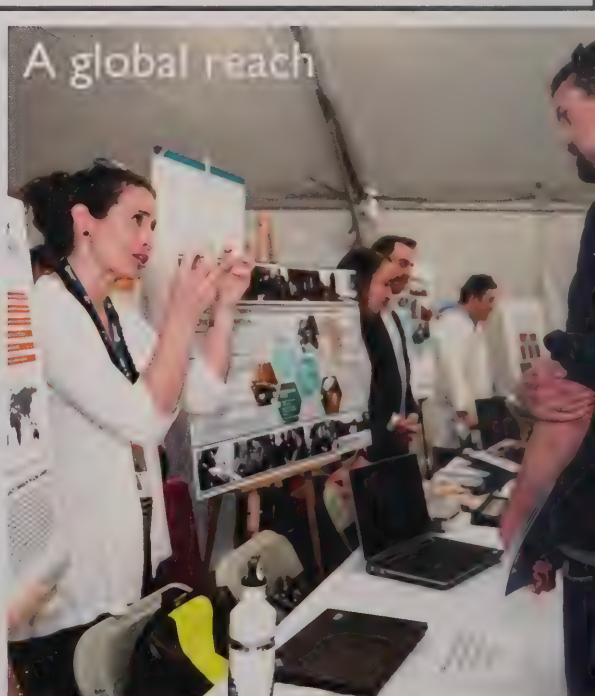
A 1972 graduate of the MGH School of Nursing, Noska began her career as a staff nurse in the MGH Orthopædic Unit. From 1980 to 1982, she served on the Medical Surgical Service and then transitioned to the Transplant Unit, where she was promoted to staff nurse leader in 1988. Five years later, Noska became a transplant nurse coordinator, and in 2010 she was made lead transplant coordinator for the Abdominal Transplant Programs.

"Throughout the years, Susan has been a pioneer in transplant nursing and helped shape the coordinator role at the MGH and beyond," says Angela Marquez, administrative director of the MGH Transplant Center and Division of Transplant Surgery. "I have always been impressed with her professionalism, extensive knowledge and experience and can attest to the tremendous respect Susan has garnered among the MGH community and the larger transplant community, to which she contributed greatly. She was a wonderful colleague and friend, and will be deeply missed."

Adds Nina Tolkoff-Rubin, MD, of the Department of Medicine, "We have lost a special member of the MGH Transplant family. Despite the complexities of our patients, Susan never forgot that the care of the patient means caring for the patient. Her clinical expertise, her warmth and humanity will be truly missed."

Noska is survived by her husband, Michael Noska; daughters, Michelle Noska and her partner Keith Gaffney, and Nicole Noska and her wife Karen Rowe; brothers, Bernard Demers and Robert Demers; and a grandson. Funeral services were held.

A global reach



UNITED FRONT: Dozens of staff attended the third annual MGH Global Health Expo May 7 under the Bulfinch tent. Sponsored by the MGH Center for Global Health, the event featured representatives from more than 30 organizations discussing the span of global health initiatives and the opportunities available to all levels of the MGH community. In addition, the event aimed to spark conversation about potential new global health collaborations. "The MGH's Global Health activities are growing day-by-day and now we have more than 60 programs in more than 40 countries," said David Bangsberg, MD, MPH, director of the Center for Global Health. "We are bringing together doctors, nurses, scientists, educators and clinicians and showing the world the great work the MGH is doing."

Tarbell lecture features Katrina Armstrong, MD

ARMSTRONG

KNOWN FOR FOSTERING INNOVATION and mentorship, Katrina Armstrong, MD, MSCE, the first woman physician-in-chief of the MGH Department of Medicine, exemplifies the importance of faculty development at the MGH. On May 8, at the sixth Nancy J. Tarbell, MD, Faculty Development Lectureship, Armstrong presented "Ambulances, Epidemiology and the End of the Week" to colleagues in the Their Conference Room.

The annual event was created by the MGH Office for Women's Careers and the Center for Faculty Development to honor Tarbell, the office's founding director, who now serves as dean of Clinical and Academic Affairs at Harvard Medical School. The lecture offers an educational opportunity to promote both professional and personal growth for MGH faculty.

Using stories and personal anecdotes, Armstrong reflected on her career, the opportunities in academic medicine and life lessons.

"It's all about the connections we make with people, finding a shared interest and showing honesty and respect," said Armstrong. "The more we regulate, the more people start to lose the belief that we are all in this together."

Armstrong described the challenges related to disparities, trust and the importance of defining what matters. "At the end of the week you are left with how you feel about what you did. Did you stay true to your values? Figuring out what matters has been the most important thing for me over the years – and what matters most are the people."

For more information about the Center for Faculty Development, visit *www.massgeneral.org/facultydevelopment.* ■

Exploring opportunities to expand cancer care

THE MGH CANCER CENTER recently sent a team to the city of Mbarara in southwestern Uganda to explore a collaboration with the local university and hospital to build a new national referral cancer center. The team was invited by Frederick Kayanja, vice chancellor professor at the Mbarara University of Science and Technology (MUST), the Mbarara Regional Referral Hospital (MRRH) and the Uganda Cancer Institute (UCI).

"The majority of cancer care is provided by the UCI, which houses the country's only radiation unit," says James Cusack, MD, director of the MGH Global Surgery Initiative. "This radiation source is critically outdated, causing significantly prolonged treatment exposures for treatments to be effective."

There is a month-long delay for patients despite efforts to operate the unit for more than 18 hours a day. Patients travel to the UCI for cancer care from all over Uganda, as well as from the East African community and other neighboring countries such as Democratic Republic of Congo and South Sudan.

For more than a decade, the MGH has collaborated with MUST in the areas of HIV/AIDS research, clinical pediatrics and internal medicine. "The MGH Cancer Center will continue to explore strategies for improving and expanding cancer care in this severely underserved country," says Cusack.

ON THE HORIZON: From left, Randall, Cusack and Tony Wilson, MD, director of MUST/MRRH Medicine, looking out on the two-acre plot reserved for the new cancer center.

The MGH Cancer Center team who joined Cusack were Marcia Browne, MD, and Elizabeth Bigger, MD, both of the Center for Hematology/Oncology in the MGH Cancer Center; Thomas Randall, MD, of the MGH Vincent Obstetrics and Gynecology Department; and Johanna Riesel, MD, a resident in the MGH Department of Surgery and Paul Farmer Global Surgery Research Fellow.

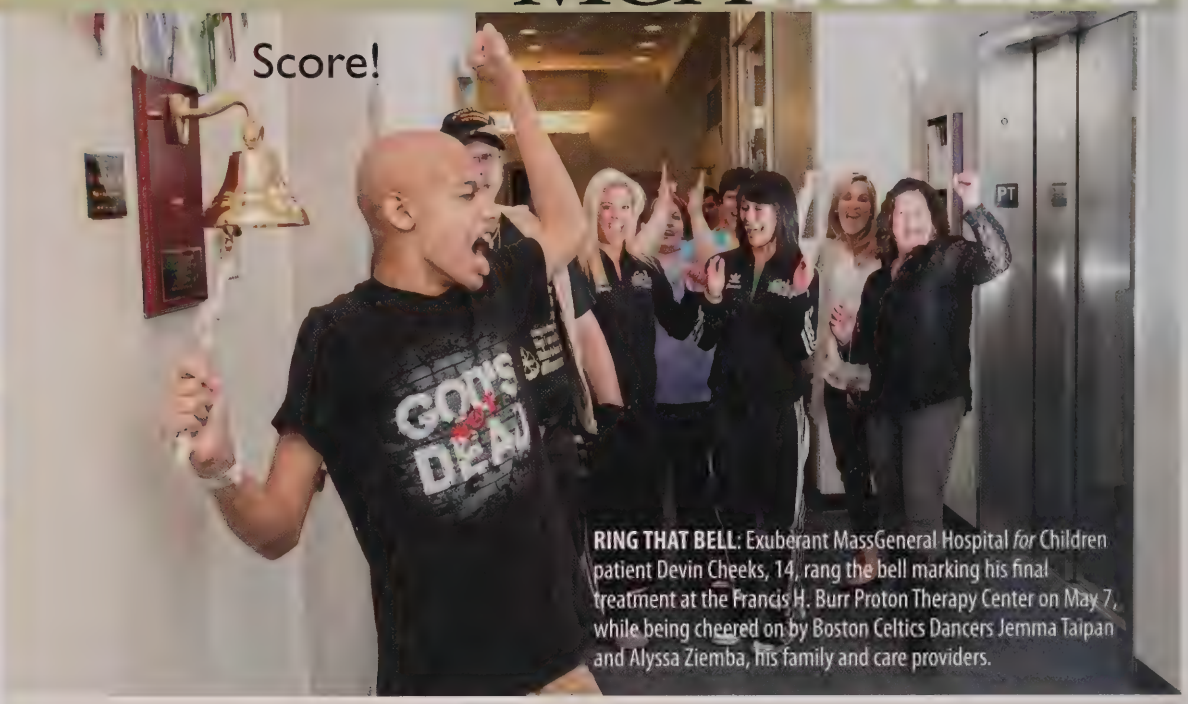
For more information, contact *jcusack@mgh.harvard.edu.*

05.16.14

MGH HOTLINE

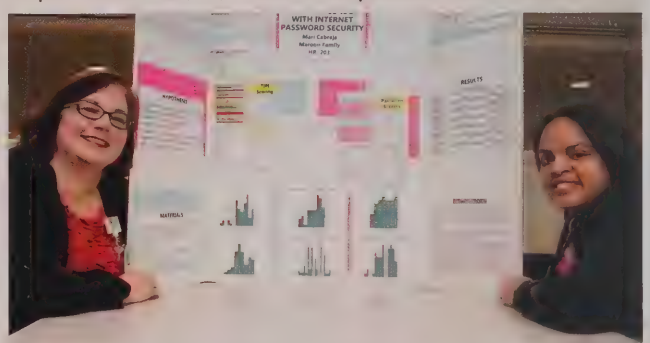
Submit news tips and story ideas to *MGH Hotline*

Score!



RING THAT BELL: Exuberant MassGeneral Hospital *for* Children patient Devin Cheeks, 14, rang the bell marking his final treatment at the Francis H. Burr Proton Therapy Center on May 7, while being cheered on by Boston Celtics Dancers Jemma Taipan and Alyssa Ziemba, his family and care providers.

PASSWORDS AND PERSONALITY TRAITS: Mari Cabreja, 15, an eighth-grader at the Timilty Middle School in Roxbury, below right, created a science fair project about password selection with the help of Lori Ann Rizzo, RN, from MGH Perioperative Services, left. Mari's project placed first in the Boston Citywide Science Fair competition, and earned Mari a trip to the State Middle School Science and Engineering Fair on June 14 in Worcester. "The project actually disproved my hypotheses," says Mari. "I predicted that individuals who were more conscientious would have stronger passwords since they tend to follow rules. I also predicted that highly agreeable individuals might have weaker passwords since they might be more trusting. The results showed that agreeability actually correlated with stronger passwords, which surprised me." Rizzo, a first-time MGH Science Fair mentor and a former high school teacher, says she wanted the project to be a fun and successful experience for Mari.



Competing for best in state

IN GENERAL: AWARDS AND HONORS

Emery N. Brown, MD, PhD, of the MGH Department of Anesthesia, Critical Care and Pain Medicine, has been elected to the National Academy of Sciences, a private, nonprofit institution that was established under a congressional charter signed by President Abraham Lincoln in 1863. Members are elected to the National Academy of Sciences in recognition of their distinguished and continuing achievements in original research. Membership is a widely accepted mark of excellence in science and is considered one of the highest honors that a scientist can receive. With the National Academy of Engineering, Institute of Medicine, and National Research Council, the National Academy of Sciences provides science, technology, and health policy advice to the federal government and other organizations.

Diversity Inc has again named the **MGH** to its list of Top 10 Hospitals for Diversity, part of its 50 Top Companies for Diversity list. The magazine, which focuses on business and diversity, praised the hospital for its leadership's involvement in ensuring a diverse workforce. In particular, it praised the commitment to mentoring minority physicians and nurses. This is the fifth year in a row that *Diversity Inc* has recognized the MGH with this honor.

Katharine Morley, MD, MPH, an urgent care physician at the MGH, is the recipient of the ninth annual Health Volunteers Overseas (HVO) Golden Apple Award. The award recognizes Morley's commitment to HVO's international educational mission. Morley was instrumental in the design and implementation of HVO's Emergency Medical Services project in Bhutan, and the training modules she helped develop resulted in the first standardized set of protocols and emergency care procedures for the country. They are now mandatory for all physicians in the South Asia country.

Lynn Drake, MD, a physician in the Department of Dermatology and the Wellman Center for Photomedicine, recently was honored with the Rose Hirschler Award, named in honor of the first known female dermatologist in the nation. The honor is given annually by the Women's Dermatologic Society to a physician for significant contributions to medicine and dermatology who has enhanced the role of women in the dermatologic specialty.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

05.23.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Research Staff Appreciation Day, a sweet success

MORE THAN 40 GALLONS OF ICE CREAM – scooped and served by MGH Research leadership – were consumed at the first MGH Research Staff Appreciation Day.

"You are the engine that drives research at this hospital," said Harry Orf, PhD, senior vice president for Research, who welcomed more than 500 attendees to the May 14 event. Orf said that while there are other research recognition events, there has never been a dedicated event to recognize MGH research staff such as lab technicians, lab managers and study coordinators – the largest constituency in the research community.

"In an environment with such distinguished faculty, it is really meaningful to feel appreciated," said Adam Tracy, research technician in Pediatric Surgery.

Staff were treated to lunch under the Bulfinch tent followed by ice cream sundaes. The event was the outcome of an idea submitted to the MGH Continuous Research Operations Improvement (CROI) suggestion box – an initiative launched in 2012 as a way for staff to offer feedback on how to support the department. To date, more than 100 suggestions have been implemented.

"It is nice to honor everyone involved in the research process. I feel at home here," said Dongxiao Shen, research specialist in the Cardiovascular Research Center.

Before commencing ice cream scooping duty, Orf expressed his gratitude, "Thank you for what you do every day to better the human condition."

A Research Staff Appreciation Day also was held at the Charlestown Navy Yard on May 16. To send a suggestion to CROI, email *suggest@research.mgh.harvard.edu.* ■

SCOOP OF GRATITUDE: Orf, right, and Samuel, PhD, serve ice cream to staff.

Dedicated to diversity

SUNLIGHT SLIPS THROUGH ERNESTO GONZÁLEZ'S office on the sixth floor of Bartlett Hall, which houses the MGH Department of Dermatology administration. Listening to the humble MGH dermatologist speak, it is difficult to comprehend the magnitude of his work and the transformation he ignited within the hospital throughout the last three decades.

"Everything I have attained is meaningful to me, but I don't know that it is to other people," says González. "I never considered myself a superstar or someone special or different. I never really thought that way."

González, who is revered not only for his clinical work but also for his impact on diversity at the MGH, was recently honored as one of nine Puerto Rican leaders inducted into the Center for Puerto Rican Studies at Hunter College, The City University of New York. González' s history and achievements will be archived in the

(Continued on page 2)

GONZÁLEZ

— González

(Continued from page 1)

Center as one of 100 Puerto Ricans who has shaped the history and influenced the social conditions of Puerto Ricans in the U.S. – one of many accolades González has received throughout his illustrious career.

To understand how González got here, it is necessary to go back to where it all began.

González's story has a humble beginning. Born in Aguadilla, Puerto Rico, he was raised by his mother, a single parent who worked as a maid to support her two children, and whom he credits with much of his success. "All that my mother hoped – because we were so poor – was for us to get out of the slums. She was always inspiring my brother and me to get out of the socioeconomic background in which we were raised," he says.

And González did just that. Earning his medical degree from the University of Puerto Rico School of Medicine in 1966, he was invited to the MGH for his last year of residency by the then-Chief of Dermatology Thomas Fitzpatrick, MD, PhD, who met González while performing research in Puerto Rico.

"I have been blessed by serendipitous situations that I never expected," says González.

His early years laid the foundation for his career as a faculty member at Harvard Medical School (HMS) and as the first director of the Phototherapy Unit at the MGH. Eventually he became chief of Dermatology Ambulatory Services, a position he held for 10 years.

As a Puerto Rican, González says he was often challenged as he navigated his way through the world of a predominately white institution, but he gleaned important insights from his experiences and in time discovered his true calling. "I wanted to dedicate my career to bringing minority groups into the mainstream."

In 1995, eight individuals, including González, were selected to serve on a newly formed diversity committee at the MGH. "Eventually the hospital dedicated finances to support pro-diversity activities," says González. "It is amazing how fast it developed, but one thing I've learned is that whenever the MGH is committed to something, they do it better than anyone else."

González's awards and successes are many – founder and director of the Hispanic Medical Students Mentorship Program for four Massachusetts medical schools; founding member of the MGH Diversity Committee, the Minority Recruitment Committee and Community Benefit Advisory Committee; and recipient of the HMS Harold Amos Faculty Diversity Award. González even has an award named in his honor – the Ernesto González Award for Outstanding Service to the Latino Community.

"I consider myself a pioneer," says González. "I could have ended up in a different location. I could have stayed in Puerto Rico. But what attracted me here was the challenge of doing something new, community service and defending diversity."

BFT celebrates 25 years of service

IN 1992, A YOUNG MAN who had recently emigrated from the Philippines was looking for work that would help him support his family. Friends told him about Bulfinch Temporary Service (BFT) – the MGH's in-house temporary employment agency. He applied – and has never looked back.

"It is such a blessing that I came to Bulfinch Temps," says Joel Canlas, now senior accountant for the Ladies Visiting Committee Retail (LVC) Shops. "I'm forever thankful to BFT, LVC and the hospital for having me here."

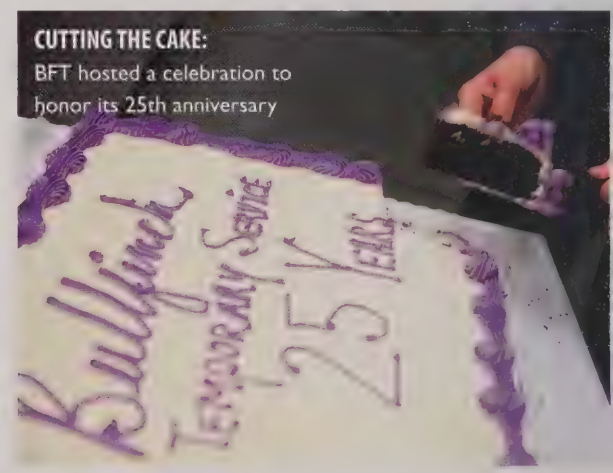
BFT celebrated its 25th anniversary on May 1. Today it serves not only the MGH but also Brigham and Women's, Partners HealthCare and other affiliated hospitals. On average, BFT fills more than 190 jobs per month throughout Partners, many of which lead to regular status positions. BFT also works closely with the MGH Center for Community Health Improvement to introduce Boston area students to careers in health care. Since the partnership began in 1991, BFT has placed more than 2,500 Boston Public School students in summer jobs at the MGH alone. One of those students, Cindy Guir, started with the MGH Timilty SummerWorks program at age 14. She remained with BFT throughout college and this month accepted a position at BWH as a radiation therapist.

Canlas's first role was that of a patient observer. He sat with patients and watched for changes in their health conditions, alerting nurses when needed. He worked "on demand," and juggled his BFT schedule and another full-time job, yet still took every shift that he could.

"I think they knew about my hard work, commitment, ability and availability. Put all of those together, and the nurses knew I was willing to do anything," says Canlas.

After working as a Bulfinch temp for two years, Canlas applied for a permanent position as a cashier in The General Store. He eventually was promoted to operations manager and then to senior accountant.

Throughout his 22 years with the MGH, Canlas says, the hospital has provided much more than a job. The hospital's Employee Assistance Program helped him navigate the immigration process when his wife and daughter moved from the Philippines, and many of his family members also have come to find employment here.



CUTTING THE CAKE: BFT hosted a celebration to honor its 25th anniversary

Barbara Hubley, director of Clinical Support Services in the Department of Radiology, also was looking for new opportunities when she applied to Bulfinch Temps in 1989. After years of owning her own business, she needed a change and was curious about the world of health care.

"My original goal was just to get acclimated to the health care environment," she says. "But I found an organization that was full of people doing the right things for the right reasons."

She says the people and the environment have kept her here for the last 25 years. Her temporary assignments included jobs in Admitting and the Department of Nursing before she moved to a permanent position in Materials Management where she served as an administrative assistant for six years.

Hubley took advantage of the hospital's tuition assistance program to go back to school for her bachelor's degree. Soon after, she began managing the Patient Transport team. It was during this time that she started working with colleagues from the Department of Radiology, who encouraged her to apply for her current position.

"Over the years the scope grew," she says. Today, she manages Imaging scheduling, the Image Service Center, engineering and quality management and education.

Now she is in a position to give current temps the same opportunity she had 25 years ago. "In the scheduling office, we hire staff from BFT quite often and every opportunity we get we offer temps a permanent position if they are a good fit."

She says most fit in just fine. "I have found BFT to be reliable. They have staff who have hard skills, soft skills and are typically right on target in terms of what we need in a candidate." ■

New chief of the Emergency Imaging Division named

THE MGH DEPARTMENT OF RADIOLOGY has announced that Michael H. Lev, MD, FAHA, FACR, has been named the new chief of the Emergency Imaging Division, effective June 1. In this role, Lev will assume administrative responsibilities for the division, which provides imaging services to the hospital's Level 1 trauma center and its more than 100,000 patients on an annual basis. The division also runs the country's first emergency-imaging fellowship program and develops often widely adopted imaging protocols to quickly identify patients appropriate for emergency surgery.

"I am excited and honored to help continue the MGH Emergency Imaging section's tradition of excellence and, with its dedicated staff, to maintain and expand on its national and international reputation for outstanding and innovative patient care," says Lev. "This opportunity to contribute to the clinical, research and teaching missions of the division is a welcome one."

Lev completed his internship and residency in Internal Medicine at Boston University Medical Center. After working as a staff physician for the Veterans Administration, he completed advanced training in diagnostic radiology and neuroradiology at the MGH where he then joined the Neuroradiology Division as director of CT neuroimaging. He was later appointed director of Emergency Neuroradiology and director of the Radiology Neurovascular Laboratory, and also served as a head and neck radiologist at the Massachusetts Eye and Ear Infirmary.

Lev is nationally and internationally recognized for his expertise and innovation in stroke and cerebrovascular imaging. He has served in an editorial capacity with numerous peer-reviewed journals and is a professor

LEV

of Radiology at Harvard Medical School. A Fulbright Scholar, he also attended Brown University where he completed the undergraduate/medical school seven-year program in Liberal Medical Education. Most recently, he was inducted as a fellow in the American College of Radiology.

Lev succeeds abdominal radiologist Sanjay Saini, MD, who has served as interim chief since 2012. Saini will remain active as vice chair of Radiology Finance and as an attending radiologist in the Division of Abdominal Imaging. ■

Xavier appointed to Isselbacher professorship

RAMNIK XAVIER, MD, chief of the MGH Gastrointestinal Unit and director of the MGH Center for the Study of Inflammatory Bowel Disease, was honored with the first Kurt J. Isselbacher Professorship in Medicine in the Field of Gastroenterology, an endowed professorship at Harvard Medical School (HMS).

The professorship was established by the Foundation for Research in Cell Biology and Cancer in honor of Kurt Isselbacher, MD, former chief of Gastroenterology and founding director of the MGH Cancer Center, who worked at the MGH for more than 45 years. MGH President Peter L. Slavin, MD, welcomed guests, including Isselbacher and his family, to the April 30 celebration at HMS.

"It would take me many hours to list Dr. Isselbacher's awards and honors. So today, I will just thank him for advancing the future of GI medicine by supporting the establishment of this professorship," said Slavin. "Dr. Xavier is well-deserving of this honor as the inaugural incumbent. Under Dr. Xavier's leadership, the MGH is at the forefront of genetics and microbiome research in inflammatory bowel disease."

Xavier completed his residency and fellowship at the MGH and was appointed chief of the Gastroenterology Division in 2010. His laboratory has been working to discover and understand the function of important mediators and effectors involved in innate and adaptive immunity. Xavier has made several important contributions to understanding the pathogenesis of disorders such as Crohn's syndrome and ulcerative colitis.

"I am honored to serve as the first Kurt J. Isselbacher Professor in Medicine in the Field of Gastroenterology," said Xavier. "Dr. Isselbacher's career is a long and illustrious one and I am pleased to continue this legacy."

XAVIER, LEFT, AND ISSELBACHER

05.23.14

MGH HOTLINE

Change in *Hotline* schedule

MGH Hotline will not publish May 30 because of the Memorial Day holiday. The regular publication schedule will resume June 6.

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find MGH Hotline on the web at [illegible] or by scanning the QR code above.

A mighty mold

IRIMIA

RACING FOR RESEARCH: Late in the afternoon of May 16, a contest of microscopic mobility unfolded, an epic challenge between HL-60, neutrophil-like cells and the soil-dwelling slime mold Dictyostelium (Dicty). The brainchild of Daniel Irimia, MD, PhD, associate director of the MGH BioMEMS Resource Center, the Dicty World Race – held in a petri dish and broadcast live from the lab – was about precision versus speed, tortoise versus hare. In the end, a Dutch team with genetically doped and precisely modified Dicty cells slimed the competition to win the $5,000 grand prize. Another top place finisher was The Myre Lab at the MGH, led by Michael Myre, PhD, assistant in Genetics, in the Department of Neurology. "I believe the race was a success on so many levels. For one, it reinforces how useful Dictyostelium remains as a model organism to study both basic and biomedical science," says Myre. "Win or lose, the genetic manipulations used by the various groups exemplify the many genes that are involved in regulating processes required for efficient chemotaxis." For a complete list of race results visit: *https://experiment.com/u/rbXM6A.*

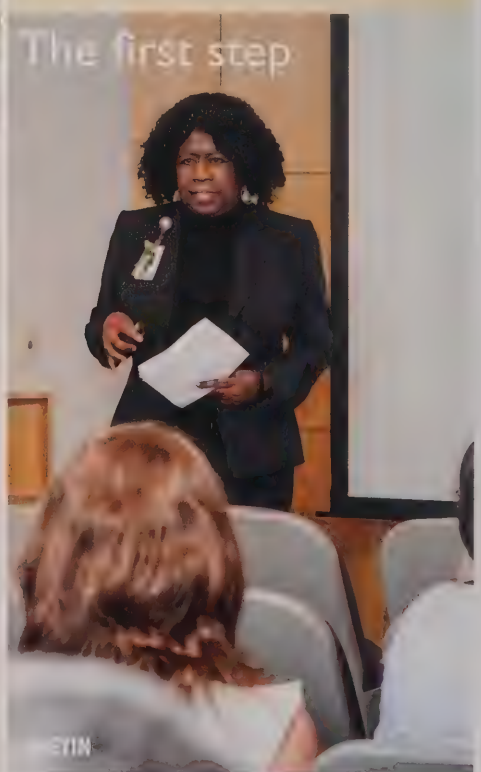
MAYCOCK-THORNE

PHAM

Making a difference

COMMUNITY CONTRIBUTORS: Two MGH YMCA Achievers were recognized at the 39th annual YMCA Achievers Recognition Celebration May 13 at the Westin Copley Place. The YMCA Achievers Program recognizes the professional and community-based achievements of multicultural men and women throughout the Boston area. Tammy Pham, an imaging service representative in the Department of Radiology, was recognized for supporting new initiatives, fostering teamwork and for volunteer work in her community where she visits the sick and works with youth. Esther Maycock-Thorne, manager of MGH Parking and Commuter Services, was honored for managing all facets of the hospital's employee parking and commuter service programs and for her numerous civic contributions including the MGH/Timilty Partnership Science Fair Connection Program and the Massachusetts Affordable Housing Alliance. YMCA Achievers demonstrate a history of professional achievement, as well as the potential for future development and agree to commit to at least 40 hours of community service to benefit the area's minority youth.

The first step

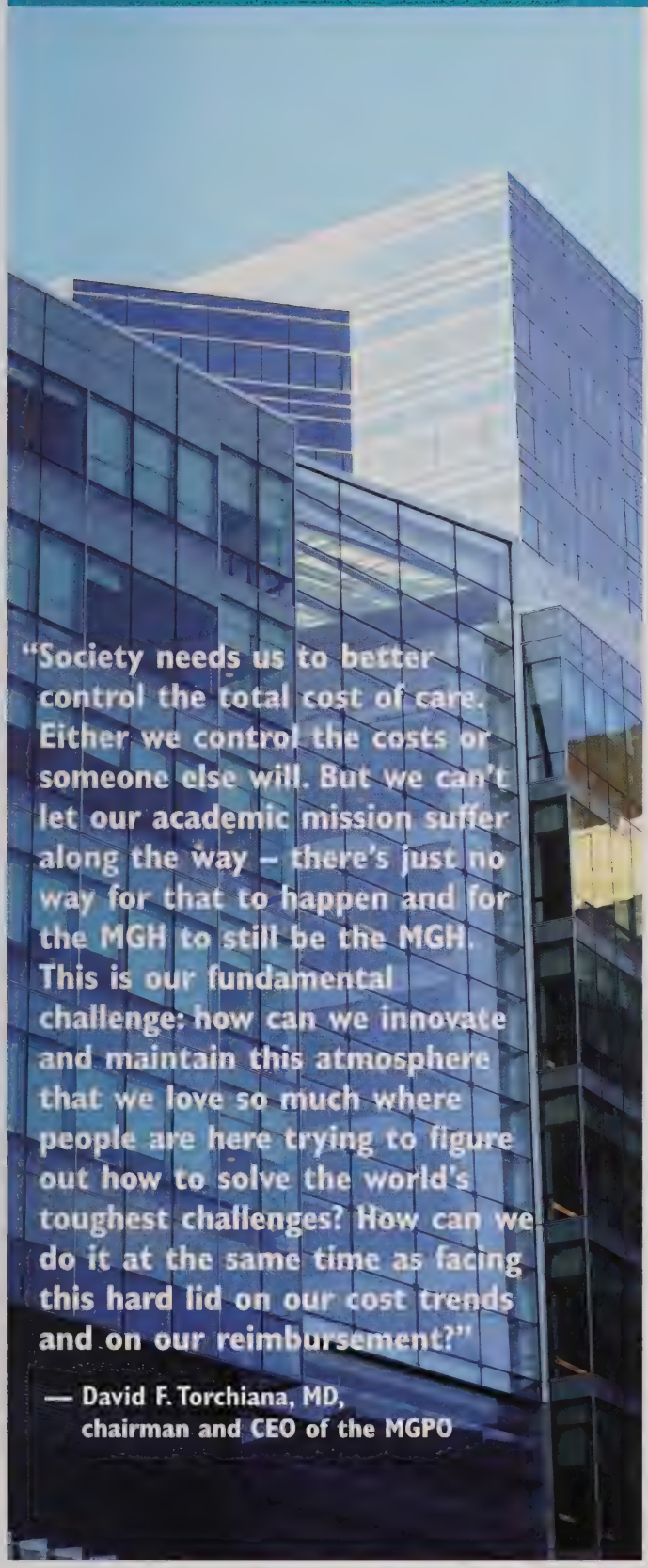


STEPS TO SUCCESS: Dianne Austin, workforce diversity program manager, was one of several speakers at the MGH Training and Workforce Development Office's "Taking the First Step" workshop on May 20 in the Haber Conference Room. Austin addressed strategies to build a successful career path such as self-assessment, goal-setting and managing priorities. "There are some of us who always knew what we wanted to do and others who have had multiple careers," she said. "Self assessment allows us to zone in on opportunities for advancement and set goals." For more information about MGH Training and Workforce Development initiatives, visit *http://is.partners.org/hr/New_Web/mgh/mgh_training.htm.*

SPECIAL EDITION: THE MGH/MGPO STRATEGIC PLAN

MGH HOTLINE

June 6, 2014


"Society needs us to better control the total cost of care. Either we control the costs or someone else will. But we can't let our academic mission suffer along the way – there's just no way for that to happen and for the MGH to still be the MGH. This is our fundamental challenge: how can we innovate and maintain this atmosphere that we love so much where people are here trying to figure out how to solve the world's toughest challenges? How can we do it at the same time as facing this hard lid on our cost trends and on our reimbursement?"
— David F. Torchiana, MD, chairman and CEO of the MGPO

The MGH/MGPO Strategic Plan

IN 2004, THE MGH AND MGPO together developed a strategic plan focused on the clinical mission to serve as a roadmap to guide the hospital's future actions and decisions. Eight years later, with an eye on the ever-changing landscape in health care both locally and nationally, the institution set out to update and refresh this long-range planning guide to include all four missions. For the past two years, more than 100 faculty and staff from across multiple disciplines have banded together to develop the next strategic plan that will guide the institution into the next decade. This *MGH Hotline* special edition is devoted to this detailed plan and its 12 strategies designed to ensure that the organization weathers the current climate and, 10 years from now, has emerged as a stronger, better MGH.

Charting the course for the next decade

THE EVOLVING HEALTH CARE LANDSCAPE – with its cost pressures and return to risk contracting, shrinking federal research dollars, tighter regulation of teaching and the threat of less federal funding, along with a renewed focus on how the MGH addresses the health care needs and disparities in the communities it serves – prompted an almost two-year long strategic planning process.

The MGH strategic plan is a delicate balance involving the hospital's four-part mission. It recognizes the need to deliver the highest quality of care while controlling the cost of that care, the importance of sustaining and enhancing academic and community missions, and the need to do this in a way that leaves the MGH financially viable. Many of the building blocks are already in place. For example, implementing population health management strategies and continuing the work of the inpatient innovation units and care redesign are essential to the plan's success. It also envisions further evolution toward center-based multidisciplinary care to improve coordination and efficiency and selective regional, national and international expansions that will ensure sufficient patient volume and financial health. Attention to the research mission is also important and will include creating a less confusing "front door" to MGH research and encouraging translational research. Teaching needs to evolve as well to develop clinicians and employees who are equipped to provide efficient, team-based care. And a renewed and re-energized focus on how to manage care more effectively for chronically ill patients in the institution and the broader community, starting with instituting a new approach to the management of substance use disorders.

It is an ambitious plan – both in terms of goals and the resources required – and is expected to take a decade to complete. In January the MGH and MGPO boards approved the plan. In the following months, priorities were set and modest start-up funds were set aside in the FY2014 budget for immediate expenses. The FY2015 budget process will include commitments to fund the first round of initiatives approved in the plan. Hundreds of people spent hundreds of hours on each element of the new strategic plan and now will turn their attention to carefully recalibrating the hospital's mission to secure its future. ■

"It is important to have an opportunity to work in a very collaborative fashion when trying to decide our destiny. Strategy is really all about where we are going to go. The associated tactics are how we are going to get there. I think it's important to know that the strategic plan is a living, breathing, dynamic thing. It isn't something that just goes in a notebook and goes on a shelf. We will continue to modify and use it as a set of guidelines to help direct our activities."

— Ann Prestipino, senior vice president of Surgical, Anesthesia and Emergency Services and Clinical Business Development

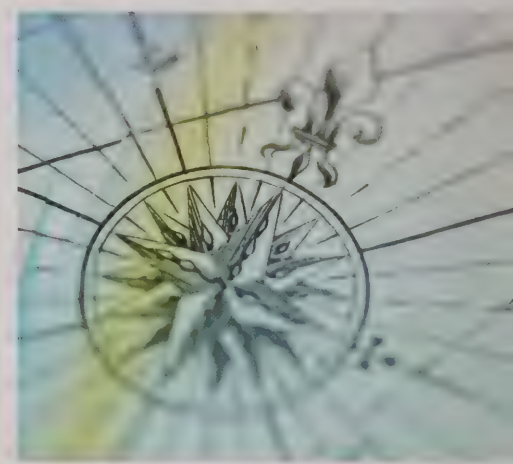
The MGH/MGPO future: 12 strategies

The framework of the strategic plan will focus on all four missions of the MGH: clinical care, education, research and service to communities. Within these imperatives, 12 key strategies have been selected as institutional priorities:

1 **Redesign the model of care**
Building on care redesign, innovation units and other activities, the idea is to optimize the patient experience and increase efficiency. This will include focusing on length of stay, readmissions, appropriateness and access.

2 **Center-based care**
Multidisciplinary centers will be expected to use care redesign to enhance quality and efficiency. This is important for MGH/MGPO success in an era of renewed risk contracting and bundled payments.

3 **Population health management**
The population health agenda includes specific strategies for primary care, specialty care, post acute care and patient engagement. The goals are better quality of care and a reduction in the medical expense trend.



4 **Transform chronic disease care**
Diabetes/obesity, substance use disorders, and tobacco use are significant contributors to health burden and costs. An intensive focus on substance use disorders will complement existing efforts in the other areas.

5 **Strategic service expansion and network development**
A new center, tasked with growing patient volume from more distant geographies, will offer specialized services such as enhanced primary care, executive health and international health.

6 **An MGH Research Institute as a welcoming front door for industry and philanthropy**
This effort will affirm the reality that the MGH is the No. 1 NIH-funded hospital research program and ensure that the hospital is known worldwide for research.

7 **Facilitate translational research**
Taking a discovery from research to a clinical therapy requires a specialized skill set and collaboration with industry that a one-stop shop will facilitate.

8 **Optimize clinical education across the health professions**
Changes in care delivery require a new approach to education that prepares future clinicians to offer efficient, team-based care. Developing a core group of clinician educators is an important element of this strategy.

9 **Leverage the power of MGH patient data**
Robust measurement and evaluation systems are needed for success under new payment models. A central registry will help proactively to manage patients and evaluate clinical outcomes, while the Partners Biobank at the MGH will advance medical research to improve health care.

10 **Workforce development**
As health care redesign changes the institution's workforce, the hospital must likewise develop new skills and competencies. Piloting new continuing education models, expanding interprofessional education and identifying opportunities to reduce administrative overhead will improve the quality, safety and value of patient care.

11 **Intensify diversity and inclusion efforts**
A diverse workforce makes better and faster decisions. Establishing clear goals and an organizational structure that builds on the strength of existing efforts and facilitates collaboration will further catalyze MGH diversity and inclusion efforts.

12 **Stronger internal governance**
Effective implementation of the strategic plan will depend on coordination of the population health and episodic care agendas, a stronger, restructured Executive Committee on Teaching and Education (ECOTE) and a new Executive Committee on Community Health (ECOCH) to oversee the MGH community mission.

Phase 1 and Phase 2: A vision for the future

NEARLY A DECADE after the launch of the MGH's 2004 strategic plan, more than 40 key leaders within the MGH and MGPO were interviewed to focus on refreshing and updating the plan as part of the initial assessment and idea generation phase. Members of the Strategic Planning Steering Committee spent nearly a year assessing the current state of the institution, examining external trends and working with leaders throughout the community to identify potential strategic priorities across the four missions of the MGH.

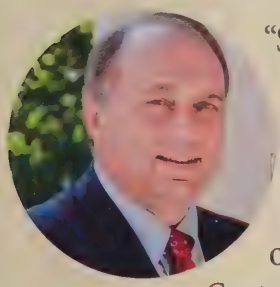
"One of the things that is very important to focus on is the wide range of dialogues across departments. Because we are a large academic medical facility, there is often a strong focus on physicians and medicine, but we must make sure the voices of other key providers — such as nurses, physical therapists and occupational therapists — are also part of this dialogue and decision-making process. I think the most exciting part of the process is that we were included as part of the vision of the future for the MGH. We are taking a proactive approach and looking at supporting and advancing our clinicians into the next decade. I feel like I am representing nursing and Patient Care Services to ensure that our interests and concerns are well represented on these committees. I feel very proud to be selected to participate."

— Gaurdia Banister, RN, PhD, FAAN, executive director of the Institute for Patient Care

Challenges and champions

FOLLOWING THE INITIAL PHASE of both internal and external assessment, six workgroups were created to propose specific strategies and tactics for the institution to review: Redesigning the Delivery System for Population Health, Differentiating MGH Episodic Care, Improving Integration of the Clinical and Research Missions, Organizing Research for the Greatest Success and Impact, Refining the Teaching Model to Prepare Trainees for the Changing Health Care Landscape, and Explicitly Linking Our Community Mission to Our Other Missions.

The Episodic Care Team found that the institution's strong focus on innovative programs and its dedication to care redesign already have put the hospital on the path to implement more easily these vital programs of the future. ■



"Some good news was that the goal of the Episodic Care Team was shown to highlight what the MGH has been doing for a long time. Our job was made easier because we have this strong group of outstanding clinical centers – the Cancer Center, Digestive Healthcare Center, Transplant Center, Trauma Center and the Institute for Heart, Vascular and Stroke Care – which includes the Heart and Vascular centers – that are all working together quite successfully. The other groups looking at education, research, population management and community, had a longer way to go to reach the pinnacle. However, by working together we can harness all of these strategies to provide a better delivery of care, improve access and strengthen innovation and care redesign efforts."

— Keith Lillemoe, MD, surgeon-in-chief

Difficult operating environment

Clinical Care

- Continued pressure on medical cost from payers
- Bearing increased financial risk for the costs of care we provide
- Payer mix becoming less favorable
- Increasing competition with mergers and acquisitions activity among hospitals and practices with significant regulatory challenges

Research

- Shrinking and shifting federal funding base
- Increasing regulations/bureaucracy
- Industry's difficulty in working with us hinders advancement of MGH discoveries to the clinic
- Limited external visibility of MGH research efforts

Education

- Tighter regulation of what and how we teach
- Threat of reduced federal funding for graduate medical education
- Pressure on clinical revenues limits ability to subsidize education
- Changes in care delivery necessitate changes in how we educate

Community

- Health care disparities an ongoing challenge in our communities
- Higher rates of substance use disorders, diabetes/obesity, smoking/lung cancer in our communities, with much higher costs of care

CASE STUDY

The strategic plan: A decade down the line

"My name is Juanita, and 10 years ago I didn't think I would live long enough to see my grandchildren become adults. Now I am 60 years old, and although there have been ups and downs, I feel healthy and happy. And not only has my health improved, but my quality of life overall has grown significantly as well."

THE YEAR IS 2023. Juanita, a Chelsea resident who has weathered a number of health concerns during her lifetime, takes a look back at the past decade to share her experiences as an MGH patient in a hypothetical case study created by members of the six Strategic Planning Committees. The case study illustrates how the lives of patients, providers and researchers are integrated and provides an overview of each of their individual goals, obstacles and successes over the next decade.

The case study (available on the Priorities website at *http://priorities.massgeneral.org/Home.html)* integrated some of the recommendations of the strategy workgroups to bring to life what a MGH patient might experience during a 10-year period of time. Looking through Juanita's eyes, the study focuses on encounters with her care team, what life is like both at home and within her local community as well as other obstacles to keeping healthy – including language barriers and the illnesses of family members. The study also focuses on the "behind-the-scenes" yet critically important role that research, education and costs play in a patient's care.

"This case study is a great example of how all four of our missions can be integrated to make the whole greater than the sum of its parts. Every day people from different areas and disciplines across the institution are working together toward the ultimate goal of improving the health of our patients."

— Shea Asfaw, chief of staff for MGH Administration

"The implications for the MGH are that we need to change, we need to evolve, we need to become more agile and more lean in this very challenging environment. But we can't afford to change our essence – the reason why we attract trainees and faculty from all over the planet needs to stay first and foremost, and this can be a tricky thing to do and a very difficult thing to accomplish simultaneously."

— David F. Torchiana, MD, chairman and CEO of the MGPO

Implementing the strategic plan

DURING THE APRIL 30, 2014 leadership meeting, David F. Torchiana, MD, chairman and CEO of the MGPO, and Peter L. Slavin, MD, president of the MGH, discussed the MGH's current progress through the early stages of implementing the strategic plan. This came on the heels of the implementation planning phase, when committees focused on specific missions turned over detailed proposals – including specifics of implementation, associated budget requirements, key milestones and metrics for success – which were reviewed and finalized. These teams concentrated on ways to sustain and enhance the hospital's academic and community missions. The following are a few of the recommendations:

1 Establish an MGH Research Institute to organize MGH's wide-ranging research activities to attract additional funding and include earlier and deeper engagement with industry; improve support for investigators; and enable larger-scale research opportunities.

"THE RESEARCH INSTITUTE will help support, promote and guide science. The MGH is renowned for our clinical care, but in spite of our large, innovative, and diverse research portfolio, the MGH research enterprise is not as prominently recognized nationally as it should be," says Harry Orf, PhD, senior vice president for Research, who also will oversee the new institute. "This relative anonymity is one of several major challenges MGH research will face in the coming decade. The institute will provide us with a framework to meet these challenges and allow us to adapt in this ever-changing environment."

Orf says the institute also will help address other challenges including the shrinking and shifting of federal funding, as well as the growing federal regulations and restrictions. This newly organized Research Institute – which is in the process of hiring a scientific director who will help devise and implement the institute's goals – will seek to reaffirm the hospital's commitment to research, better integrate the research and clinical missions, engage patients in the research program, increase visibility for MGH research, broaden engagement with industry, and improve infrastructure and communication.

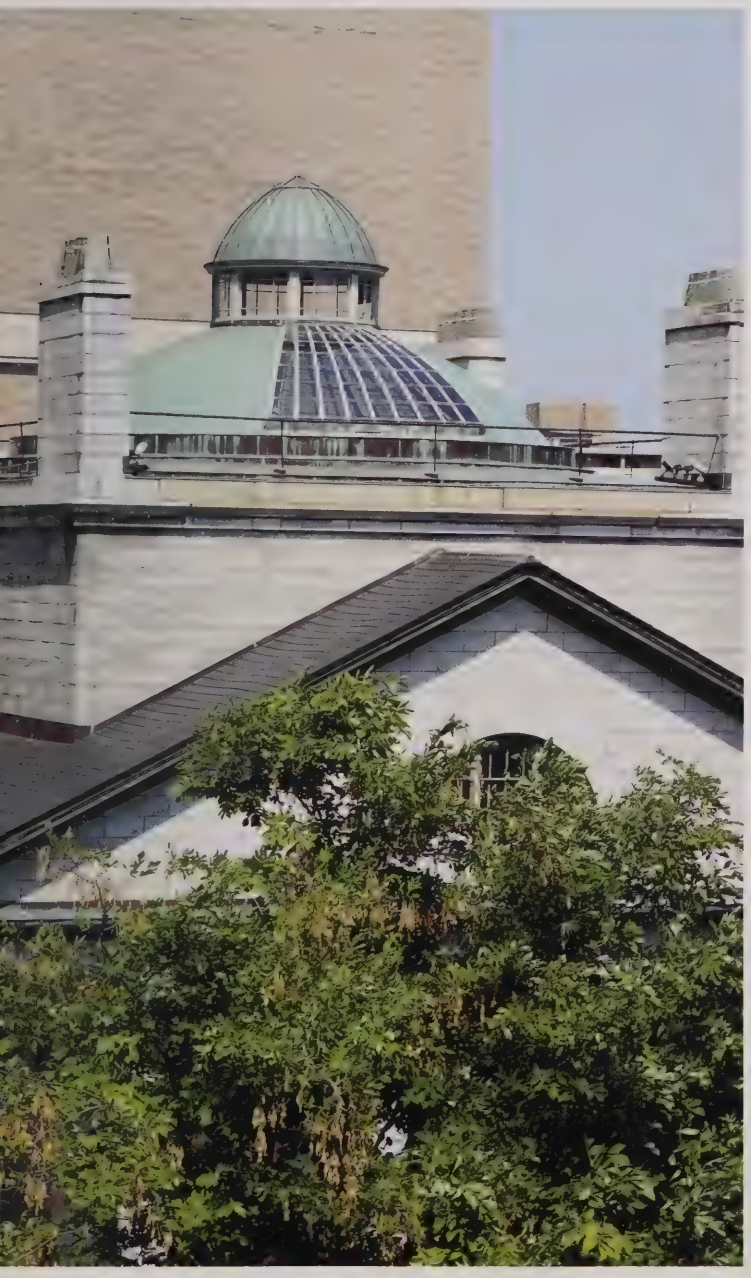
MGH President Peter L. Slavin, MD, says, "This Research Institute also will create a 'front door' to the MGH research enterprise so pharmaceutical and biotech companies – such as those locally in Kendall Square or investigators anywhere in the world – will know whom to call within the MGH research community that might be interested in collaborating. It will offer a better administrative structure for sustaining and growing science, for remaining

competitive for federal funding and for ensuring our accessibility and attractiveness to industry collaborators, venture capitalists and philanthropists."

Internally, the Research Institute will serve as a means for organizing the vast MGH scientific portfolio and enriching the experience and environment for the thousands of people involved in research at this institution.

2 Optimizing inpatient flow to redesign the model of care to strengthen the hospital's ability to address high-occupancy rates.

A COMMITMENT to delivering the highest-quality care to patients while controlling health care costs is a key imperative of the strategic plan. Four key teams will address issues that will reduce the length of stay, a key factor in both quality and cost of care: inpatient access, patient progression, innovation units and care redesign. Currently the MGH runs at an average daily inpatient operational occupancy rate of 92 percent, and this high occupancy rate is a concern – especially on the outpatient side – for patients, families and referring physicians. Reducing the length of stay is the best way to reduce occupancy rates to accommodate more patients.



"In all of health care, and especially at the MGH, the overarching goal must be continuously improving value for patients – the value we want to demonstrate is that we hold dear our patients and families and will always keep them at the center of what we do each day," says Jeanette Ives Erickson, RN, DNP, FAAN, senior vice president for Patient Care and chief nurse. "Providing exceptional care has always been at the heart of the MGH, but now we must also demonstrate value relative to the cost of achieving excellent clinical outcomes. The road ahead means continuously improving clinical outcomes while not adding to the cost burden of health care. If we remain driven by the needs and expectations of our patients and families, we will remain a leading edge academic health care system tomorrow and 10 years from now."

3 Optimize clinical education across the health professions that enables the delivery of the outstanding, high-quality, team-based, cost-effective care of the future and maintains the MGH's reputation as a place that develops leaders.

EFFECTIVE HEALTH CARE DELIVERY now requires greater team-based care, increased care coordination, and the routine utilization of care pathways. To prepare future and current staff for these changes, there must be a more deliberate focus on education across all career stages and all disciplines. These investments in education will enhance the quality, efficiency and safety of the care the MGH provides to patients and also allow the institution to continue to attract and retain the brightest "stars" in medicine. Fortunately, education of caregivers is at the core of the MGH; it is key to its history and its identity. The MGH recognizes that the institution has a great opportunity – and responsibility – to lead the nation in redefining the academic medical center's value and role in continuing to develop the health care workforce.

"The Education Strategic Planning Implementation Steering Committee took a broad view of education in the institution and looked at it as an essential component of care redesign and care delivery here," says Ron Kleinman, MD, physician-in-chief for the MassGeneral Hospital *for* Children. "We felt that the first step in creating this new way of viewing education was to bring all the educational efforts together under one convening body."

The committee's first priority was looking at restructuring the Mass General Executive Committee on Teaching and Education (ECOTE), which has previously focused much of its attention on graduate medical education. Under the new plan, the ECOTE governing body will be reconfigured to include some 30 members of the hospital community to refocus its efforts on more fundamental, cross-cutting educational issues and opportunities.

Kleinman says other priorities include the cultivation of more clinical educators throughout the hospital, as well expanding interprofessional education opportunities. "We need to implement deliberate practice time for educational efforts outside of the usual clinical care delivery," he says. "There are departments, like the Department of Medicine, that do a great job providing support and expansion for core clinical programs, but we need to extend these types of learning opportunities to other departments.

(Continued on page 6)

— *Implementing the plan*

(Continued from page 5)

"We also want to go beyond the physician training to include other staff. We are now working with several other key groups like the MGH Institute of Health Professions, the Norman Knight Nursing Center and other educational groups to bring together ideas for a truly integrated effort."

4 **Launch major initiative to reduce the burden of chronic disease in area communities, while reducing cost and setting a national standard.**

SUBSTANCE USE DISORDERS – including use of alcohol, drugs and nicotine – affect more than 40 million Americans or nearly 16 percent of the population – more than heart conditions, diabetes or cancer. National data indicate that 22 percent of hospitalized general medical patients have an active alcohol or drug use disorder. Closer to home, a 2011 study found the rate of emergency room visits for heroin use in the Boston metro area to be the highest in the country – almost four times the national average.

"There is growing evidence that treating substance abuse in the same way we treat patients with congestive heart failure or with diabetes – with disease management programs – can make a significant difference," says Slavin. "Currently we do a very good job providing inpatient care and outpatient care to patients with substance use disorders, but we don't have a system of care to manage them longitudinally."

Aggressively addressing the issue of substance use disorders was the top recommendation of both the Population Health and Community teams.

Joan Quinlan, vice president for Community Health in the Center for Community Health Improvement (CCHI), says the addition of recovery coaches in health centers and the Boston Health Care for the Homeless Program – along with a specialized Addiction Consult Team (ACT) within the hospital – is aimed at creating a seamless continuum of care from the health center, to the hospital, to community-based treatment providers and recovery support services. Along with the prevention work CCHI already does in communities, the ultimate goal is to significantly reduce the incidence and prevalence of substance use disorders within local communities. "There is a lot of stigma associated with addiction, but this is a chronic disease, and we need to work on managing it wherever our patients are on the readiness continuum."

Quinlan says this marks the first time in the hospital's history that community health has been a part of its strategic plan. "This is really exciting and just another sign that the MGH puts a strong emphasis on the value of community health. Putting community health on par with clinical, research and education initiatives, sends a strong message to our patients that the hospital is committed to strengthening and improving the health and well-being of our communities." ■

"We can't do any of this without some resources, and so we have allocated $2.5 million in this year's FY2014 budget to get these various implementation efforts underway since that money was released in the second half of the year. That is the equivalent of about a $5 million annual investment, and we are building into next year's budget a $10 million placeholder to really move these initiatives as aggressively as we possibly can. We need to make these investments for the future of the organization if we want to be as vibrant and cutting-edge as we all want to be."

— Peter L. Slavin, MD, MGH president

Funding priorities

THE STRATEGIC PLANNING STEERING COMMITTEE has compiled a list of the financial needs of all proposals, which is currently being reviewed. It is important to remember, says Ann Prestipino, senior vice president of Surgical, Anesthesia and Emergency Services and Clinical Business Development, that one of the most important hallmarks of creating a strategic plan is looking at what you are not going to do as well as what you are going to do.

"An important part of the budget process is to continue not only to look critically at the list of creative new ideas that we've sorted through and prioritized, but also continue to look at the existing strategies – what might no longer be viable or what could be done differently. The most fundamental thing that we have to remember with all this new creativity is we have to be economically viable because if we are not, we just don't exist. We need to focus on both sides and ask ourselves, are we really utilizing what we already have in a way that is most effective, most efficient and is taking us in the direction of the future?"

"It was a privilege to be a part of this fundamental planning process to help chart the future of the MGH and MGPO. I feel honored to have been a part of this incredible group of hundreds from across the institution who shared their hopes, expertise and commitment to building a stronger, more cohesive system for our patients, their families and our staff."

— Debra Burke, RN, associate chief nurse

Strategic planning committee leadership

Phase 1 – Pre-Planning Teams

Analytics
Sally Mason Boemer

Blue Sky and Executive Committee
Peter L. Slavin, MD
David Torchiana, MD

Phase 2 Strategy Recommendation Teams –

Population Health
Tim Ferris, MD
Joan Sapir
Caryn Wilson

Episodic Care
Michael Jaff, DO
Greg Pauly
Deb Doroni

Clinical and Research Missions
Merit Cudkowicz, MD
Daniel Haber, MD, PhD
Andrea Paciello

Research
Harry Orf, PhD
Jerry Rosenbaum, MD
Gary Smith

Education
Tim Gordon, MD
Jeanette Ives Erickson, RN, DNP
Bethany Daily

Community
Joy Rosen
Britain Nicholson, MD
Jean Bernhardt

Phase 3 and 4 – Implementation Teams

Steering Committee on Population Health
Tim Ferris, MD
Eric Weil, MD
Debra Burke, RN
Greg Pauly

Steering Committee on Episodic Care
Keith Lillemoe, MD
Michael Jaff, DO
Jeanette Ives Erickson, RN, DNP
Ann Prestipino

Executive Committee on Research
Bob Kingston, PhD
Gaurdia Banister, RN
Harry Orf, PhD

Executive Committee on Teaching and Education
Ron Kleinman, MD
Gaurdia Banister, RN
Britain Nicholson, MD
Debra Weinstein, MD

Executive Committee on Community Health
Joan Quinlan
Dean Xerras, MD
Deb Washington, RN
Joan Sapir
Joy Rosen

Looking forward

THE MGH STRATEGIC PLAN is ambitious in terms of goals and resources required, but the dedication and determination of its creators and supporters will allow the institution to move forward with its recommendations throughout the next decade.

"I really am expecting great things from this strategic plan. I think it positions us to maintain our leadership in providing cutting-edge care as well as research. Health care is changing drastically and we want to continue as a strong leader. Research funding also is changing drastically – right when knowledge is really exploding – so this is a perfect time to focus on how we can make sure research efforts are at the forefront. The strategic plan is so important to the hospital's future and will allow us to accomplish a great deal."

— Merit Cudkowicz, MD, chief of the Department of Neurology

"The strategic planning and implementation process was an incredibly well-organized process that I was privileged to be a part of dating back to 2012. It was a process that brought together so many stakeholders who are committed to the health of the institution, and more importantly to the health of the patients it serves. I cannot imagine a more collaborative approach to the planning and implementation of innovations in health care delivery, an approval process that was always centered around the four parts of the hospital's mission. I know that the patients at the MGH will be better off in 10 years, specifically those who suffer from substance use disorders and other chronic illnesses in our communities. As a result of this process and its deliverables, I strongly feel that the care of these patients will improve, since we will become better equipped to care for their needs as they move across the continuum, from outpatient to inpatient and back to outpatient care. This could not have been accomplished without the work of the strategic planning process."

— Dean Xerras, MD, medical director of MGH Chelsea HealthCare Center

"The courage taken by the MGH to develop a 10-year strategic plan during these tumultuous times in health care is impressive. Highlighting the evolution of care delivery to ensure that, in 10 years, our patients will still receive the best care possible, while focusing on the efficiencies of that care is critical to the MGH. In addition, all components of our mission, to educate our colleagues, the future leaders in health care delivery, and the public, remains in the forefront. Expanding the integration of research into everything we do by developing the Research Institute sends a loud message to all about our commitment. Most excitingly is the underscoring of our dedication to community for the next decade, which not only highlights our place in our neighborhood, but also tackles some of the most challenging health care issues, including substance abuse."

— Michael Jaff, DO, medical director of the MGH Vascular Center

"After several years of work we have made significant progress in establishing a strong foundation for the system to move forward in population health management. In the coming years we hope to build upon the work underway in primary care with a focus on increased specialty engagement, post-acute care. The MGH strategic planning process has given us a vehicle to expand this work within the population health management infrastructure and through collaborations with the episodic care and community health teams. It is a challenging but exciting time in the history of the hospital and implementing this strategic plan will ensure we are well-positioned to meet current and future challenges."

— Tim Ferris, MD, senior vice president for Population Health Management

"We know that this is an ambitious plan, but we also know that these strategic initiatives will allow us to provide the highest quality of care to our patients and maintain the core academic and community missions of the MGH. Using this plan to guide our investments and activities will allow us to continue to take a fresh look at how best to take advantage of opportunities and manage challenges in the years ahead."

— David F. Torchiana, MD, chairman and CEO of the MGPO

06.13.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

BRIGHT FUTURES: [illegible], left, and Eveline Vilson, a lab assistant in the Molecular Biology Department

Language of success

"I WANT TO IMPROVE MY EDUCATION; I want my people back home to be proud of me," said Vera Varnie, a unit service associate on the Yawkey 7 Infusion Unit, who recently completed a MGH Workplace Education Program computer class.

On May 30, Varnie and 130 other MGH employees — representing 30 countries and 14 different languages — were recognized at the Workplace Education Program's 19th annual Celebration of Achievement. The MGH has one of the longest running employer-sponsored workplace education programs in the country. Classes include English for Speakers of Other Languages, computer, citizenship, college preparation and academic coaching services.

"On behalf of the MGH, I congratulate you," said Jeff Davis, senior vice president of Human Resources, in his welcoming remarks. "All of the MGH benefits from the hard work you have done in these classes. Thank you for serving as role models for others in the institution."

Francisco Pizarro, a unit service associate on Bigelow 14, said he is very happy his supervisor encouraged him to attend English class. "For the last eight years I have worked at the MGH, and the people who work here are like family, everyone helps each other to do a good job."

The celebration also recognized the many managers, instructors and volunteers who make the program possible. "Your commitment to education, your continued advocacy for the MGH employees and your endless energy is truly inspiring," said Kristen Schlapp, lead instructor.

For more information about English or computer classes at the MGH Workplace Education Program, contact Schlapp at 617-726-2388 or *kschlapp@partners.org.* ■

Partners eCare Revenue Cycle countdown

IN LESS THAN ONE MONTH, the MGH will launch the first phase of Partners eCare, the Revenue Cycle, which will impact registration, scheduling, admissions, coding and billing. To prepare for the July 12 go-live date, almost 9,000 staff members are being trained on the new system as part of an extensive 10-week training process.

"We are very pleased with how well the system is working and the feedback from staff has been positive," says Kristine Trites, Revenue Cycle program manager. "This is a major undertaking with nearly 700 departments involved, registering users for multiple courses, learning new workflows and system keystrokes."

Trites says this week marks the last week to register for the training sessions, and as an added incentive, those who attend night and weekend classes are eligible for raffle prizes. Once staff complete training, they are then granted access to the online Epic playground environment which allows them to practice what they have learned to ensure they feel confident ahead of the go-live. Users who feel they need additional assistance are encouraged to attend one of the practice labs, which are staffed by one of 23 credentialed trainers.

Information on upcoming training sessions and practice lab session dates can be found by visiting *partnersecare.partners.org > MGH > Training.*

FOCUSED: Linda Inserra, a surgical associate in the Department of Surgery, left, participates in a Partners eCare training session, led by instructor Jessica Doyle.

LASTING LEGACY: From left, Slavin; Thoralf Sundt, MD, chief of Cardiac Surgery and director of the Corrigan Minehan Heart Center; James McFarland, MD, Heart Center physician; Karina Armstrong, MD, MSCE, MGH physician-in-chief; Lois de Menil; Guiney; George de Menil; and G. William Dec, MD, chief of Cardiology

Guiney named the Paul Dudley White, MD, Distinguished Service Chair in Cardiology

THE LATE PAUL DUDLEY WHITE, MD, widely known as the father of modern cardiology, started practicing at the MGH nearly a century ago. He brought the first electrocardiogram to the U.S., founded the MGH Cardiac Unit, helped found the American Heart Association, and dedicated his life's work to preventive heart medicine.

In honor of White's legacy, the MGH recently established the Paul Dudley White, MD, Distinguished Service Chair in Cardiology. Donors, staff, family and friends gathered May 5 at the MGH Richard B. Simches Research Center to celebrate the new chair and its first incumbent, Timothy Guiney, MD, of the MGH Cardiology Division. The chair was established through the support of George de Menil, PhD, and Lois de Menil, PhD, as well as Guiney's many grateful patients, colleagues, family and friends.

"Dr. Guiney is the ideal recipient for this chair," said Peter L. Slavin, MD, MGH president, one of several speakers at the event. "A straight talker with a dry sense of humor, Dr. Guiney is universally beloved by his patients for good reason. He is a superb cardiologist who has devoted more than 40 years of his career caring for patients with the most severe heart conditions."

In addition to his role in the Cardiology Division, Guiney has led several major initiatives, including founding and directing the Exercise Testing Laboratory and serving as the first medical director of the MGH International Patient and Family Center. For the last 25 years, Guiney has collaborated with Martha's Vineyard Hospital, visiting on a weekly basis, year-round to treat cardiac patients. He also played a pivotal role in establishing the formal relationship that brought Martha's Vineyard Hospital into the Partners HealthCare System and served on its board of trustees. Upon his retirement, the chair will be renamed the Timothy E. Guiney, MD, Distinguished Service Chair in Cardiology.

"Dr. White established a standard to which we all should aspire," said Guiney. "I am grateful for the honor of being appointed to a chair that bears his name." ■

The art of comfort

THE LUNDER 6 LOBBY looks a little different these days.

On May 22, Robert Martuza, MD, chief of MGH Neurosurgery Service and director of the Stephen E. and Catherine Pappas Center for Neuro-Oncology, unveiled his 800-pound black marble sculpture featuring a woman with a black and white quilt flowing from her heart.

The sculpture, "Comforter," was dedicated to the MGH Comforters – a group of MGH employees, patients and volunteers – in recognition of their hard work creating quilts to provide comfort to MGH patients during their hospital stay. The group was formed in 2001 by Martuza's wife, Jill. Several times throughout the year, the MGH Comforters donate their handmade quilts to patients, and twice a year they host a quilt show at the hospital.

"I made it for the quilters, to recognize all their hard work," Martuza said. "These women do it out of the kindness of their hearts and they have made more than 1,000 quilts for patients at the MGH."

(Continued on page 4)

FROM THE HEART: Martuza polishes the Lunder sculpture.

Every second counts

WHEN IT COMES TO TREATING STROKE PATIENTS, every second counts which is why the MGH Acute Stroke Quality Taskforce has a motto – "time is brain." American Heart Association standards suggest that hospitals strive to treat stroke patients within 60 minutes of arrival at an emergency department (ED), and in the fourth quarter of 2013, a MGH team trumped that national standard by obtaining a "door-to-needle" time for one patient of just nine minutes.

The Door-to-Needle Time Campaign at the MGH – measuring the time from when a stroke patient arrives in the ED, until a doctor administers the clot-busting drug tissue plasminogen activator (TPA) – was launched in 2010 under the direction of Natalia Rost, MD, director of Acute Stroke Services. To date, the campaign has proven successful. In 2012, the MGH record was 16 minutes, and in 2011 it was 20 minutes.

The team of 13 caregivers who responded to the recent case in under 10 minutes was recognized and awarded for their efforts during the second annual MGH Acute Stroke Breakfast Gala. At the May 30 event, Lee H. Schwamm, MD, executive vice chairman of Neurology, director of the MGH Stroke Service and a leader in the Institute for Heart, Vascular and Stroke Care, attributed the record-breaking treatment to the hospital's planning, preparation and readiness.

EXTRAORDINARY CARE: From left, David Brown, MD, chief of the MGH Department of Emergency Medicine; Laurie Pagnottaro, MGH patient and guest speaker; and Schwamm

"This is a remarkable case," Schwamm said. "First, for the timeliness of care and the dedication of ensuring that every patient gets this drug as fast as humanly possible; and second, for going that extra mile to make sure that patients have the opportunity to receive this treatment because it is so effective. The program we built here has become the model for a national campaign to improve door-to-needle time."

Aneesh B. Singhal, MD, vice chair and director of Quality and Safety in the MGH Neurology Department and director of the Stroke and Neuro-ICU Observership Program, was the attending physician during the nine-minute door-to-needle treatment. Singhal said the MGH is now among the top performing high-volume centers in the Northeast and among the top globally as well.

"We are doing the right thing based on scientific evidence and plain logic," he said. "We are developing an infrastructure to identify stroke and respond to patients' needs as quickly as possible. To reduce the time to administer TPA and improve patient outcomes it has taken strong collaboration among paramedics, the ED staff, nurses, radiology teams, residents and the acute stroke fellow and attending physician. I think nine minutes is extraordinary. The system is clearly working."

Journey of discovery

SOME VIRTUOSOS PLAY THE PIANO TO PERFECTION, others paint like Picasso, but for MGH physician-researchers, talent lies in the art of discovery.

On May 20, the Department of Surgery and MGPO Board of Trustee Art Goldstein, hosted an evening lecture, "Starting the Wheel of Discovery: The Surgical Engineering and Innovation Center," at the Paul S. Russell, MD, Museum of Medical History and Innovation.

Keith Lillemoe, MD, MGH chief of Surgery, welcomed guests to the third annual lecture series that featured four speakers from the Division of Surgery, Science and Bioengineering in the Department of Surgery – Ronald Tompkins, MD, ScD, director of the Division of Surgery, Science and Bioengineering; Mehmet Toner, PhD, director of the BioMEMS Resource Center; Daniel Irimia, MD, PhD, associate director of the BioMEMS Resource Center; and Biju Parekkadan, PhD, a bioengineer in the BioMEMS Resource Center.

"When you identify significant clinical challenges without an immediate solution, sometimes new fields of investigations emerge," said Tompkins. "Science remains the core of our operation."

The lecture focused on the ways in which physician-researchers are collaborating beyond traditional boundaries to bring together knowledge and tools from life sciences, physical sciences, medicine, engineering and beyond to stimulate innovative research.

PUSHING BOUNDARIES: From left, Lillemoe, Tompkins, Parekkadan, Irimia and Toner

"It is not what we do; it is the journey," said Toner. "When you go to the extreme, you discover – and we do that well. We are constantly pushing the boundaries of our knowledge. "

The annual lecture series focuses on different aspects of surgery, to demonstrate the breadth and depth of the department's range of service.

"This was a wonderful opportunity to highlight the role of engineers in medicine," said Lillemoe. "By viewing the human body as a chemical engineering machine, our work has an even greater impact on human health and preventative medicine." ■

Announcements available online. To read this week's "What's Happening" items, see [illegible]

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Mastin
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-3761

EMAIL
[illegible]

MAIL
Public Affairs Office
50 Staniford Street
Suite 810
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Printed by MGH Reprographics

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

— *Art of comfort*

(Continued from page 2)

The sculpture was inspired not only by the MGH Comforters, but also by the Gee's Bend Quilters, a group of women in Alabama who create quilts that are displayed at prominent museums across the country, including the Museum of Fine Arts in Boston.

In a studio at his Marblehead home, Martuza worked on the sculpture every other weekend for about three years. The block of black marble came from a quarry near Lake Champlain.

"It is extraordinary," said Jill Martuza. "When he was making it, I had no idea what he intended. I kept saying, 'Where are you going to put that?'"

The sculpture unveiling ceremony brought together hospital faculty, staff and members of the MGH Comforters, who donated 25 quilts to the Neurosurgery Intensive Care Unit.

Swap it out

THE PRICE IS RIGHT: The MGH Office Supply Swap and Recycle Event on June 2 was a treasure trove of treats, with departments swapping more than $16,000 worth of new and unused office supplies. The semi-annual event allows departments to cut costs by trading unwanted supplies. Tanya Behnan, a clinical research coordinator in the MGH Vincent Department of Obstetrics and Gynecology, picked up $1,200 worth of toner for her department. Supplies that are not swapped get recycled, allowing the MGH to save green while going green. Pictured from left, Joe Raho, Staples account leader; Alys Myers, Center for Community Health Improvement; Dulce Cardona-Rivera, Materials Management office coordinator; and Behnan.

Nesson Awards honor MGH projects and programs

NAMED IN HONOR of the Partners HealthCare System's (PHS) first CEO, the H. Richard Nesson awards are given annually to Partners clinicians and their teams whose work exemplifies Nesson's commitment to improving care.

These awards showcase projects and programs that help fulfill the mission of enhancing both the provider-patient relationship and the clinicians' experience through innovation in practice and collaboration among colleagues, practices, and hospitals in pursuit of excellence.

This year, MGH teams received three Nesson Awards. Awardees were recognized at the 2014 Partners Annual Meeting:

2014 H. Richard Nesson, MD, Award for Collaboration – Partners Critical Care Collaborative

"The Critical Care Collaborative provides a forum for critical care team members across PHS institutions – including physicians, nurses, therapists, pharmacists and administrators – to share best practices and improve the quality of care. It's a great honor for our collaborative to receive the 2014 award in memory of the important and lasting contributions of Dr. Nesson."

— J. Perren Cobb, MD, chair of Partners Critical Collaborative, director of the MGH Critical Care Center, vice chair for Critical Care in the Department of Anesthesia, Critical Care and Pain Medicine

2014 H. Richard Nesson, MD, Award for Innovation – Attending Registered Nurses for the Phase I Innovation Units

"I feel very honored to be a part of this group of attending registered nurses to receive this very prestigious award."

— Anne Fonseca, RN, Ellison 17 and 18

2014 H. Richard Nesson, MD, Award for Excellence – Procedure Order Entry

"We are honored to receive the Nesson Award. It is a reflection of the Procedure Order Entry team's hard work and a product of our clinical and administrative champions' support to address procedural appropriateness – one of the most challenging problems in health care. Thanks to multiple stakeholders, we continue to make significant progress."

— Creagh Milford, DO, Internal Medicine ■

06.20.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Stars shine at the one hundred

MAKING A DIFFERENCE: From left, Chris Cooper, Marianne Leone Cooper, Damon, Harper and Phillips

THE MASS GENERAL CANCER CENTER hosted the seventh annual **the one hundred** gala on June 10. Nearly 1,000 guests attended the sold-out event, which honored 100 individuals and organizations that are making a difference in the fight against cancer. These everyday heroes were selected from more than 900 nominations and included caregivers, researchers, advocates, philanthropists and volunteers from across the country and around the world, some traveling from as far as Japan and Botswana to attend the event.

Among the 2014 honorees was actress Valerie Harper who addressed attendees and thanked Daniel A. Haber, MD, PhD, director of the Cancer Center, for his research discoveries that contributed to her successful treatment after a lung cancer diagnosis in 2009. "I can't tell you how great it is to be one of **the one hundred** this year, but also it is an opportunity for me to thank face to face ... Dr. Daniel Haber and say 'thank you for saving my life,'" said Harper.

Other special guests included actor Matt Damon who attended the event with his family, including his father, Kent, who has received treatment for multiple myeloma at the MGH for several years. Singer/songwriter and 2012 "American Idol" winner Phillip Phillips gave a special live performance in tribute to the honorees. Actors Chris Cooper and his wife Marianne Leone Cooper also were in attendance, as longtime supporters and honorary co-chairs of **the one hundred**.

Co-chaired by Patti and Jonathan Kraft – and sponsored by The Kraft Group – the event raised more than $1.5 million for research, patient care, education and community outreach programs at the Cancer Center.

Visit *theonehundred.org* to meet the 2014 honorees and nominate someone who is making a difference in the fight against cancer for the 2015 event. The site also includes videos shown at the event and remarks by Harper, Damon, Haber and other attendees. ■

Partners eCare: Available resources for patients and staff

IN LESS THAN ONE MONTH, the Partners eCare Revenue Cycle will go live at the MGH. The new administrative system launches on July 12 and will provide improved registration, scheduling and billing processes and unify registration and scheduling across all hospitals in the Partners system. In the future, this also will mean patients will receive one bill from Partners, rather than from each institution.

"We have made every effort to ensure that there is minimal impact to our patients during this transition," says Sally Mason Boemer, senior vice president of MGH Finance. "Our staff has spent the past 10 weeks training on the new system, which continues to be thoroughly tested. However, there may be a slight delay for patients during the scheduling and registration process. We are working very hard to provide our patients and employees with a positive experience at the MGH and have created several helpful handouts for distribution during the go-live process to address any potential questions or concerns."

These educational materials – including a frequently asked question flyer in both English and Spanish as well as posters at front desks and within waiting areas – will be distributed to waiting rooms and off-site departments during the week of July 7. In addition, a script for staff to respond to potential

(Continued on page 2)

Responding with relaxation

"CLOSE YOUR EYES AND TAKE A DEEP BREATH," instructs Herbert Benson, MD, director emeritus of the Benson-Henry Institute, as he leads managers through a relaxation response exercise during the annual MGH Leadership Academy Spring Lecture.

Benson says the regular practice of using a relaxation technique once or twice daily for 10 to 20 minutes has been scientifically proven to improve stress-related conditions including anxiety, depression, high blood pressure, pain and excessive anger. "There are two components of evoking the relaxation response," says Benson. "First, there is repetition of a word, sound, phrase or movement. Second, is to ignore any other thoughts and simply return to the repetitions, mentally responding 'oh well.' Doing this breaks the train of everyday thinking."

As a pioneer in mind body medicine and one of the first Western physicians to bring spirituality and healing into medicine, Benson has published more than 190 scientific publications and 12 books on the topic. He says there are many techniques that can be used, including meditation, prayer, yoga and tai chi.

"Our current medical system addresses issues mainly with drugs and surgery; but drugs and surgery are not very effective in addressing stress," says Benson.

Carlyene Prince-Erickson, director of Employee Education and Leadership Development, says, "I feel so refreshed and centered. I challenge everyone in this room to incorporate this into your life and in the workplace around you."

LEADING BY EXAMPLE: From left, Jeff Davis, senior vice president of Human Resources, Benson and Prince-Erickson

Wright appointed to Mathisen Family Professorship in Surgery

CAMERON WRIGHT, MD, associate chief of the MGH Division of Thoracic Surgery, was honored as the first incumbent of the Mathisen Family Professorship in Surgery in the Field of Thoracic Surgery during a May 9 ceremony at Harvard Medical School (HMS). The professorship is named in honor of Douglas Mathisen, MD, chief of the MGH Division of Thoracic Surgery and program director of Cardiothoracic Surgery, who has worked at the MGH for more three decades.

"The Mathisen Family Professorship is a wonderful tribute to Dr. Wright," said MGH President Peter L. Slavin, MD, who welcomed guests. "It will provide a close link between him and Dr. Mathisen – both outstanding thoracic surgeons."

Mathisen has been chief of Thoracic Surgery since 1994. He previously served as chief of Cardiac Surgery from 2007 to 2011, and as the Cardiothoracic Surgery program director since 1995. Mathisen's leadership extends well beyond the MGH including as past director of the American Board of Thoracic Surgery, past president of the Thoracic Surgery Directors Association, past president of the Society of Thoracic Surgeons and current councilor of the European Association of Cardio-thoracic Surgery. Most recently, Mathisen was a recipient of the Distinguished Service Award from the Society of Thoracic Surgeons.

DISTINGUISHED LEADERS: From left, HMS Dean Jeffrey Flier, MD; Slavin; Mathisen; Wright; and Keith Lillemoe, MD, MGH chief of Surgery

"As you near the end of your MGH career, you have a distinct impression of how fortunate you have been to work at the MGH and work with so many outstanding colleagues and residents," said Mathisen.

Wright completed his internship and residency at the MGH. His clinical and research interests include pulmonary hypertension, airway surgery, thymic tumor surgery and minimally invasive lung cancer surgery. He has contributed to the MGH as a clinician, teacher and as director of Quality and Safety for the Department of Surgery. Wright also serves as a colonel in the U.S. Army Reserve and has previously been deployed to Iraq and Afghanistan in support of Operation Iraqi Freedom and Operation Enduring Freedom.

"Doug Mathisen is a fitting surgeon to be honored with a named HMS professorship given his decades of dedication to his patients, our residents, the institution and his specialty," said Wright.

The professorship was established through the support of Charles and Sara Fabrikant and two anonymous donors. Friends, family members and colleagues of Mathisen also contributed. Following Mathisen's retirement, the professorship will be renamed the Douglas Mathisen Professorship in Surgery in the Field of Thoracic Surgery. ■

— *Partners eCare*

(Continued from page 1)

questions from patients will be provided at departmental staff meetings.

Patients also will be notified of a new co-payment policy change with a message in Patient Gateway and iHealthSpace. "In addition, as part of new Partners eCare at the MGH, we have eliminated cash as a co-payment option in favor of debit, credit or check selections," says Mason Boemer. "This change is intended to make the check-out process quicker and will help improve security for our staff and patients. The educational materials also address this change to be sure both staff and patients are well educated about the new processes."

For more information, visit the MGH page on the *partnersecare.partners.org* site.

Claflin awards support five MGH researchers

THE CLAFLIN DISTINGUISHED SCHOLAR AWARD is presented each year to outstanding women researchers who have a dual responsibility of caring for children. On June 12, the MGH Center for Faculty Development honored five MGH researchers at the annual Claflin Luncheon in the Thier Conference Room.

"The Claflin Awards have continued to support our most talented women scientists at the MGH during the time when raising children and starting an independent career come together," said Anne Klibanski, MD, director of Center for Faculty Development and chief of the Neuroendocrine Unit. "Our winners this year reflect the incredible breadth of science throughout the institution ranging from neuroscience to global health."

Awards were presented to Sharon Dekel, PhD, research fellow in the Department of Psychiatry; Sarina Elmariah, MD, PhD, Dermatology; Daphne Holt, MD, PhD, chief resident in the Department of Psychiatry; Elaine Yu, MD, Endocrine Unit; and Lynn Matthews, MD, MPH, of the Infectious Disease Unit.

DOUBLE DUTY: Claflin, center, with award recipients, from left, Yu, Dekel, Holt, Elmariah, Matthews

"It's a wonderful honor," said Matthews, who has a 7-month-old daughter. "Past recipients are really amazing women doing wonderful work. It is great to join that group and have the support of the award and the community of people behind it."

Established in 1997 by the MGH Executive Committee on Research, the award is named in honor of Jane Claflin, an extraordinary hospital benefactor and dedicated volunteer leader who helped create the Women in Academic Medicine Committee in 1993. Recipients receive funding to maintain and further their research throughout the child-rearing years. ■

'Leadership for Meaningful Change'

GARY KAPLAN, MD, chairman and CEO of the Seattle-based Virginia Mason Health System, addressed the Department of Medicine Grand Rounds on May 22 in the O'Keeffe Auditorium. Kaplan came to the MGH to deliver the Allan Sandler Visiting Scholar Lecture. The annual event was established in memory of Sandler, who practiced internal medicine at the MGH for more than 40 years.

KAPLAN

Kaplan presented "Leadership for Meaningful Change," sharing his experiences at Virginia Mason over the past decade. The success of his work led to the creation of the Virginia Mason Production System (VMPS), modeled after the philosophy of the Toyota Production System of "eliminating waste, valuing employees and continually improving." Many MGH and Partners staff who are involved in practice transformation have been students in VMPS courses.

"The MGH has a tremendous culture of excellence, a passion for teaching and training, and a huge opportunity to deliver the perfect patient experience," said Kaplan.

Kaplan said he is optimistic about the MGH's potential for implementing change. He sees primary care as the driver for ideas, innovation and creativity. "It is time for primary care leaders to tear down barriers and silos."

Kaplan encouraged practices to scale pilot programs, to implement proven tools, and to institute a "compact" among physicians and hospital leaders to ensure a shared vision and commitment to change.

During his visit, Kaplan also visited two practices – Internal Medicine Associates and the Chelsea HealthCare Center – and presented at the monthly Stoeckle Center Seminar where he left the audience with these words: "Leaders are dealers in hope."

SMILES FROM THE HEART: Keith Lordan and his wife Linda Lordan reunite with Thoralf M. Sundt, MD, chief of the Division of Cardiac Surgery and director of the Corrigan Minehan Heart Center, on June 5. Keith Lordan was one of 12 cardiac patients who came together with MGH Cardiac Surgery clinicians from the extracorporeal membrane oxygenation (ECMO) program for a reunion at the Paul S. Russell, MD Museum of Medical History and Innovation. The patients were given a second chance at life thanks in part to the ECMO technique, in which a heart and lung device is implanted outside of a patient's body to oxygenate and remove carbon dioxide from the blood, allowing the patient's damaged organs time to recover. The ECMO program at the MGH is the first adult program in New England and the only adult program in Massachusetts.

A tree grows in Danvers

LOCATED ON THE GROUNDS of the Mass General/North Shore Center for Outpatient Care in Danvers, the Endecott pear tree – North America's oldest living fruit tree – is more than a bearer of fruit; it also is a living link between the past and the present.

On June 12, the center presented its annual lecture, "Pioneering Moments in Orthopaedic Medicine," celebrating health care and history. The program featured two physician leaders – Doug Peterson, DO, an orthopedic surgeon at Mass General/North Shore Center for Outpatient Care, who shared his experiences as battlefield surgeon in Afghanistan, and David F. Torchiana, MD, MGPO chairman and chief executive officer, who presented the story of EA Codman, a classic tale of a tragic hero and his influence on the practice of medicine. The evening celebration was the third collaborative program in a partnership series with Danvers Historical Society and Essex heritage.

"Nearly five years ago when we celebrated the opening of this center, we vowed to be stewards of this land," said Elena Sierra, RN, executive administrative director of Mass General/North Shore Center for Outpatient Care. "The same environment that contributed to the history and longevity of the Endecott Pear Tree provides a nurturing and healing environment for our patients."

The event also featured a walking tour of the tree site and pear-themed refreshments. ■

BRANCHING OUT: Peterson, left, and Torchiana

Submit news tips and story ideas to *MGH Hotline*

Summer
PICNIC
Thursday, June 26
Bulfinch Lawn
11:30 am to 2 pm
Food, music and games, including Operation 5,000 – a team competition to benefit the My Giving Helps Campaign.

COMMITMENT TO COMMUNITY: For the first time in the MGH's history, community health is now part of the internal hospital governance structure. As a result of the hospital's strategic plan, the General Executive Committee created an Executive Committee on Community Health (ECOCH) to promote community health improvement by leveraging the MGH mission – patient care, teaching, research and community health. Under the new plan, the Executive Committee on Research (ECOR) and the Executive Committee on Teaching and Education (ECOTE) also were reconfigured. Katrina Armstrong, MD, MSCE, physician-in-chief, is chair of the 30-person committee comprised of hospital and community leaders. Joan Quinlan, vice president for Community Health in the Center for Community Health Improvement, is the committee's administrative lead.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

06.27.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Dexterity for charity

IT TAKES A VERY STEADY HAND to remove a wrench from the ankle, a butterfly from the stomach, or a charley horse from the hip. But eight teams of highly skilled MGH employees arrived on the Bulfinch lawn ready to take on the challenge of life-size game board proportions.

The event, held during the annual Employee Summer Picnic on June 26, served as a kick off for the My Giving Helps: MGH Fund + United Way employee campaign to support Operation 5,000 – a goal to reach 5,000 employee donors. The campaign officially ramps up in September.

"It brings out the spirit of community," said Suzanne Algeri, RN, nurse director on Lunder 7. "It's one of the things these organizations do; they try to bring communities together."

Based on the 1965 classic children's board game Operation, MGH Building and Grounds staff created three oversized versions of comic-like patient "Cavity Sam," to test the motor skills and dexterity of the teams. "I played it as a child, but to design it and build it is a totally different set of skills," said Jaime Waters, an MGH Building and Grounds carpenter who spearheaded the construction of the extra large board games.

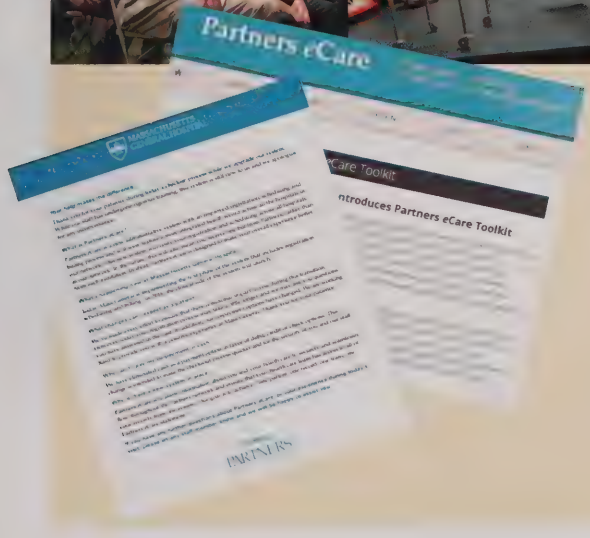
Team Surgery arrived at the competition with a significant edge – the most dollars and the most donors, which gave them extra time on the clock.

"The pressure is on because we are supposed to be the specialists," said Keith Lillemoe, MD, chief of the MGH Department of Surgery, before the start of the competition. "We will do what we can do."

Trading forceps for salad tongs the top team from each of the three preliminary heats moved on to a last round of play. The Department of Surgery's experience provided an upper hand and led them to victory. Second place was awarded to Team Nursing, led by Kevin Whitney, RN, associate chief of Nursing, and third place went to The Cognitives, led by John Herman, MD, associate chief of the Department of Psychiatry. Special guests Rob Gronkowski and Duron Harmon from the New England Patriots captained a special team that featured Building and Grounds staff who helped build the board games.

"It feels great," said Lillemoe, after securing the win. "We scouted these teams, used the simulation model and the team delivered."

For more information about the campaign, visit *www.mygivinghelps.org.* ■



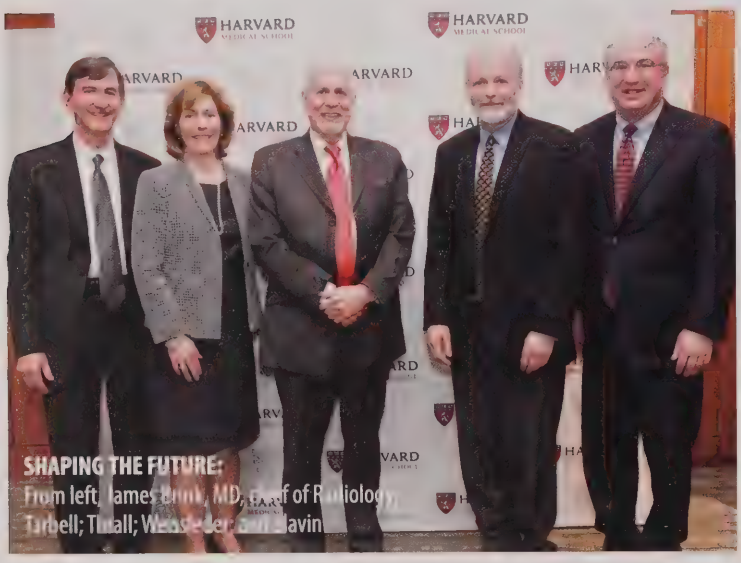
Partners eCare: Online patient materials toolkit

As the Partners eCare Revenue Cycle July 12 launch date at the MGH approaches, staff are encouraged to visit the updated Partners eCare toolkit to view a variety of helpful educational materials, including a frequently-asked-question flyer for patients – available in both English and Spanish – and a service-oriented slide deck that includes scripting for staff who will be checking in, scheduling or working with patients. All materials now can be downloaded, printed and distributed within departments. Posters informing patients about changes associated with the go-live also will be available for front desks and waiting areas. These will be distributed to departments during the week of July 7. To visit the MGH Partners eCare toolkit, visit *http://partnersecare.partners.org*, click on the MGH logo, then on toolkit.

Weissleder named to Thrall professorship

MGH AND HARVARD MEDICAL SCHOOL (HMS) faculty gathered May 19 at the medical school to celebrate the newly established Thrall Family Professorship in Radiology, named in honor of Jim Thrall, MD, and its first incumbent, Ralph Weissleder, MD, PhD, director of the MGH Center for Systems Biology.

"Jim's impact goes far beyond the walls of Radiology," said Peter L. Slavin, MD, MGH president. "For more than 25 years, Jim has provided sage advice and guidance, helping shape the future direction of the hospital for years to come. The Thrall legacy will live on in perpetuity through this professorship."



SHAPING THE FUTURE: From left, James Thrall, MD, chief of Radiology; Tarbell; Thrall; Weissleder; and Slavin

Thrall, chairman emeritus of the MGH Department of Radiology, began working at the hospital in 1988. He promoted diversification as a means to avert financial problems and was an early adopter of quality metrics. Slavin said Thrall also oversaw extraordinary growth in the MGH Radiology Research enterprise, which is currently recognized as the best radiology research program in the world. During Thrall's 25-year tenure, the MGH became nationally recognized as a leader in virtually every aspect of radiology.

In addition to Slavin, Nancy Tarbell, MD, dean for HMS Academic and Clinical Affairs, spoke at the event. "Ralph is as an outstanding member of our faculty, a skilled clinician, an exceptional researcher and a truly deserving inaugural incumbent for this great honor."

Weissleder came to the MGH in 1986 for his post-doctoral training in magnetic resonance imaging. He now is considered one of the world's leading experts in molecular imaging, chemical biology and nanotechnology. He also is an active clinician in interventional radiology. Several of his research discoveries have been evaluated in clinical trials that are expected to have a significant impact on patient care. He is the director of the Center for Systems Biology, one of five thematic research centers at the MGH. Weissleder's lab has been a driving force in studying human biology, especially cancer and inflammatory disease. Tarbell says Weissleder has been an integral part of helping to shape the future of research at the MGH.

"It is a tremendous honor and privilege to become the Thrall Family Professor at Harvard," said Weissleder. "Jim Thrall has been a mentor, a colleague and a visionary in the imaging field."

The professorship was established through a donation from the Department of Radiology, along with individual gifts from family, friends and colleagues of Thrall. Following Thrall's retirement, the professorship will be renamed the James H. Thrall Professorship in Radiology. ■

Strong bond

THE BOND BETWEEN a primary care resident and a patient runs deep. For the second year in a row, the MGH honored patients for their role as exceptional teachers of internal medicine residents in the primary care clinic setting at the MGH Department of Medicine Teaching Awards Ceremony on June 5. Alaka Ray, MD, associate program director for the internal medicine residents, presented the awards in the O'Keeffe Auditorium.

"We received incredibly heartfelt nominations from residents within our program and we hope to continue this tradition to remind us of how important our patients are to medical training," said Ray.

The patient recognition award was conceived by Meghan Shea, MD, a former resident who now works in the Department of Medicine, who thought that a formal recognition would celebrate the resident physician and patient relationship.

"My patient, Mr. Paul Giordano, has shown me the importance of hard work, inquisitive care of his own health and a resilient spirit," said Jacqueline Chu, MD, of MGH Chelsea HealthCare Center. "He has trained me, residents before me, pain fellows learning to do injections, cardiology fellows, hematology fellows, all of which add up to a significant amount of waiting room time."

Jennifer Gao, MD, of MGH Downtown Primary Care, did not tell her patient, Edward Diblasi, why he needed to attend the ceremony. Surprised when his name was called to receive an award, Diblasi said, "I am deeply touched. I trust Dr. Gao more than anyone."

Nancy Carnazzo was the third patient award recipient. Her primary care physician at MGH Chelsea HealthCare Center, Emma Kaplan-Lewis, MD, could not attend the ceremony but wrote: "Mrs. Carnazzo is one of the strongest people I have ever met. She deals with many complex medical issues with such grace and always makes it to every single one of her appointments, despite having her own personal struggles. She has taught me to be a better physician and a better human being."

PRIMARY PARTNERSHIP: Chu, right, with her patient, Giordano

SUCCESSFUL SUPPORT: Evora, second from right, celebrates with colleagues

Patient transport associate receives 2014 Ricardo Diaz Award

ELEVEN MILLION POUNDS of linen delivered, 12 million pieces of incoming and outgoing mail processed, 5,200 keys cut and 38,000 medical devices supported and maintained – these numbers are a small sampling of the magnitude of work accomplished by MGH operations support staff throughout the past year.

"You represent the backbone of the hospital," said MGH President Peter L. Slavin, MD, who welcomed staff and guests to the annual Operations Support Staff Day under the Bulfinch Tent. "Thank you for doing what you do every day to keep the MGH going."

The June 18 event recognized the 4,600 support staff across the hospital and included the presentation of the 2014 Ricardo Diaz Award to Osvaldo Brito Evora, a patient transport associate in Materials Management.

"Osvaldo approaches each of his patient transports as an opportunity to spread joy and help patients on their road to recovery," said Bruno Viscomi, manager for Materials Management. "He has a positive can-do attitude and puts patients at ease."

Evora joined the MGH family in 2004 and previously worked as a unit service associate on White 9 and in Linen Services. "We all work together and support each other," said Evora.

The Ricardo Diaz Award is named in honor of a Buildings and Grounds employee who died in an accident while plowing snow at the MGH in 2003. It is awarded annually to an employee who exhibits Diaz's qualities: hard work, dedication and selflessness. ■

Serving the needs of the LGBT Community
BRIGHAM AND WOMEN'S HOSPITAL
Serving the LGBT Community with Pride and Dignity
BRIGHAM AND WOMEN'S Faulkner Hospital

PARADING PROUD: The MGH Lesbian, Gay, Bisexual and Transgender (LGBT) Employee Resource Group marched with LGBT members from Brigham and Women's Hospital in the annual Boston Pride Parade on June 14. The parade marked the culmination of Boston's Pride Week, which promotes education, acceptance, equality and respect for all people regardless of gender, race, religion or sexual orientation. The MGH LGBT group seeks to create an environment based on community and dignity for all employees and patients. For more information about the Employee Resource Group, contact *LGBTmgh@partners.org*.

Radiation Oncology unveils proton exhibit

IN THE 1960S AND '70S, pioneering MGH radiation oncologists and neurosurgeons collaborated to become among the first to manipulate the high burst of energy emitted from a proton beam, known as the Bragg Peak, to treat cancer. By using protons rather than traditional X-rays, physicians delivered radiation doses directly and precisely to tumors, with less damage to nearby healthy tissue. In the decades since, the MGH Department of Radiation Oncology has remained a leader in treating cancer with protons; and patients travel from all over the world to receive this specialized treatment at the Francis Burr Proton Center. Most recently – to further increase proton capacity at the MGH and remain on the forefront of ever-changing

A CUT ABOVE: From left: Jason Efstathiou, MD, DPhil, and Ted Hong, MD, from the Department of Radiation Oncology, and Loeffler

technology – the department purchased an additional proton unit that will be installed in the Lunder Building.

"Through the pioneering work of many at the MGH and Harvard University, the unique physical properties of protons were brought from a research laboratory to the clinic, allowing thousands of patients to benefit here and now worldwide," said Jay Loeffler, MD, chief of the Department of Radiation Oncology.

To showcase the MGH's leadership and success in proton therapy, an exhibit recently was installed in the lobby of the center. One of the first outposts of the Paul S. Russell, MD Museum of Medical History and Innovation, the permanent exhibit was unveiled on June 19 with a ribbon-cutting ceremony.

"This exhibit will allow patients and their friends and family to learn about the special history of proton therapy and to see a backroom view of all the components involved in the planning and delivery of this form of radiation," Loeffler said. "The exhibit also will be a showcase for visitors to learn about one of the many fascinating developments of this great institution."

06.27.14

MGH HOTLINE

Pink tips for patients

THE LATE ANN MURRAY PAIGE is remembered at the MGH for her words and wisdom. Honored by the MGH Cancer Center at the 2013 **the one hundred** event, Paige, who was diagnosed with breast cancer at age 37, also was the subject of an award-winning documentary, "The Breast Cancer Diaries," which profiled her cancer diagnosis and treatment. When her cancer returned seven years later, Paige wrote a book describing the 50 tips that got her through the worst year of her life, "Pink Tips: Breast Cancer Advice from Somebody Who's Been There."

PHOTO COURTESY OF DAVID MURRAY

SPREADING A POSITIVE MESSAGE: Yawkey 8 staff, from left, George Lillie, RN, Rosato, Silvius, Barbara Rosen, RN, and Leung-Tat

"It was one of Ann's dreams to distribute this book to breast cancer care centers," says Paige's sister, Ellen Silvius, RN, of the MassGeneral Hospital *for* Children Pedratric Hematolgy/Oncology Unit. "I will do whatever I can to pass on her sage advice and wisdom."

Silvius recently presented 100 copies of Paige's book – donated on behalf of Paige's non-profit Project Pink – to the Infusion Unit on Yawkey 8. Staff on the unit say they felt close to Paige after watching a video of her speech at **the one hundred** event.

"She was an inspiration," says Erika Rosato, RN, nursing director, Yawkey 8 Infusion Unit and The Termeer Center for Targeted Therapies. "None of us knew her personally, but when she died it affected us all. We want her to live on through us as we distribute her message."

Stacks of the books have been given to nurses to present to patients. "The nurses really know the patients best and know who needs this advice from someone who has had a similar experience," says Lisa Leung-Tat, operations manager for Outpatient Oncology, Yawkey 8. "Ann's book validates what patients are feeling, makes them feel normal and encourages them to get through it."

Paige died March 16 in her home in California, 10 years after being diagnosed with breast cancer. Her sister reflects, "Ann's life is unfinished. I hope her message continues to inspire patients." ■

LOBBYING FOR HEALTH: Residents and fellows from pediatric training programs across the state visited the MGH for a day-long training program to learn how to advocate for children during the ninth annual Residents and Fellows Day at the Massachusetts State House (RFDASH) on June 11. Organized by MassGeneral Hospital *for* Children (MGH*f*C) residents Michael Epstein, MD; Lily Maltz, MD; and Rachel Sagor, MD, with the support of the Massachusetts Chapter of the American Academy of Pediatrics, the training portion of the event was held at the MGH for the first time to accommodate a larger crowd.

PHOTO COURTESY OF ISAAC BENOWITZ, MD

Participants were treated to presentations by Donald Berwick, MD, MPP, Massachusetts gubernatorial candidate, and Michael Hirsh, MD, chief of Pediatric Surgery and Trauma and associate surgical director of the Trauma Center and Pediatric Intensive Care Unit at UMass Memorial Children's Medical Center, who spoke about his gun safety advocacy efforts. Jonathan Winickoff, MD, MPH, an MGH*f*C pediatrician and director of Translational Tobacco Control Research for the American Academy of Pediatrics, also discussed the dangers electronic cigarettes pose to children. In the afternoon, the group moved to the State House to lobby their local politicians on behalf of gun safety and e-cigarette legislation. Since its inception, the event has allowed residents and fellows to express their support for more than 20 bills. Pictured from left, Epstein, Sagor, Hirsh, Berwick, Winickoff and Maltz.

SAFE AND SECURE: The Charlestown Substance Abuse Coalition, a program of the MGH Center for Community Health Improvement, the Charlestown Chamber of Commerce and Boston Police, recently hosted the fifth annual "Take Back" prescription drug disposal day. The awareness campaign and safe disposal day are designed to address the dangers of prescription drug abuse and lack of proper disposal methods – a reminder that discarding unneeded medications down the toilet or into the trash is not a safe environmental disposal method. Karen Ryle, associate chief of Pharmacy for the MGH, says that 740 unused or expired prescriptions were removed from Charlestown, and disposed of in a safe and timely manner. Residents who dropped off unused prescriptions also received a $5 gift card from a local business.

Change in *Hotline* schedule

MGH Hotline will not publish July 4 because of the holiday. The regular publication schedule will resume July 11.

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office

Photos by MGH Photography unless otherwise noted

MGH Hotline is printed on recycled paper.

Find MGH Hotline on the web at www.massgeneral.org/newshotline or by scanning the QR code above.

7.11.14

MGH HOTLINE

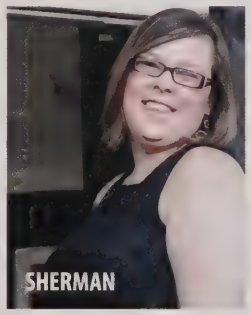
A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

DRAMATIC DISCOVERY:
The Responsive Neurostimulator System as it appears inside the brain

New device, new lease on life

WHEN RHODE ISLAND RESIDENT Ashley Sherman, 25, was in second grade, she had a tingling sensation in her mouth that would occur twice a day. Doctors at a local hospital thought it was acid reflux.

Fast forward to one night more than five years later. Sherman began having violent convulsions and turned blue. Her father brought her to the hospital where they learned that the tingling sensations she experienced during childhood were not acid reflux episodes. They were epileptic seizures.



SHERMAN

Sherman underwent a brain resection surgery in 2001, which temporarily stopped her seizures. But they returned six years later – in full force.

"Everything went to shambles in 2007," Sherman says. She was forced to quit her job. She lost her license. Friends had to drive her everywhere.

"I did not go out as much because I was afraid I was going to have seizures in public. I felt it was embarrassing. That is not something I wanted."

Despite the resection, Sherman was having nearly 300 seizures per month. These were mostly grand mal seizures that cause violent muscle contractions and loss of consciousness.

Her quality of life greatly diminished, but joining an MGH study in 2008 brought hope. A newly developed implantable device aimed at treating adults with epilepsy gave Sherman back her life.

"Before, in 2007, I was on just meds and I was having tons and tons of seizures.

(Continued on page 4)

MGH/MGPO ready for Partners eCare Launch

THIS WEEKEND, the MGH/MGPO will begin using the new Epic revenue cycle system for administrative processes including patient scheduling, registration, coding and billing. The transition to the new system will begin during the evening of July 11 and continue into the morning hours of July 12. "After months of planning and preparation, the team is ready to implement the first phase on our journey toward the long-term goal of an integrated electronic medical record across the Partners system," says Sally Mason Boemer, senior vice president of Finance.

The Partners eCare launch comes after months of preparation in which some 8,400 staff members participated in hands-on sessions and viewed e-learning modules. An interactive environment and practice labs were available for all staff to orient themselves to the new system. "The staff found the system easy to use and was excited to put their training into practice," says Megan Hastings, director of Business Transformation at the MGPO.

As one of the final steps in preparation for go-live, the MGH/MGPO held a series of department readiness sessions – monthly meetings with key program updates and a review of upcoming go-live deliverables. "These meetings were a great opportunity to bring together representatives from all departments to communicate global messages and get a pulse on which departments were ready, versus those that might be in need of some support," says Kristine Trites, revenue cycle program manager.

In the coming weeks, there will be around-the-clock monitoring and support, and department-based super users will be on hand to ensure the smoothest possible transition. "While the system has been fully tested and the staff well trained, we do expect some issues to arise in the first days of operation," says Mason Boemer. "However, we know the staff will rise to the occasion and maintain our high standards for patient care and operations."

Updates on the status of the Partners eCare go-live will be provided to leadership teams and end users throughout the implementation process and the Partners eCare teams will continue to monitor the new revenue cycle system.

For additional information about Partners eCare at the hospital, visit the MGH-specific page on *partnersecare.partners.org*.

Forget counting sheep – sleep

BAIM

ALMOST EVERYONE INTUITIVELY KNOWS how to ease someone to sleep – singing a lullaby, speaking in hushed tones or dimming the lights – yet most people are not getting the sleep they need, said Peg Baim, NP, clinical director of the Stress Management and Resiliency Training (SMART) Program at the MGH Benson-Henry Institute for Mind Body Medicine.

"We are really compromising our overall health and well being," said Baim at a recent Senior Healthwise lecture entitled "Getting the Sleep You Need." Addressing an audience in the O'Keeffe Auditorium, Baim explained that biologically a person needs seven-and-a-half to nine hours of sleep per night in order to support health and maintain balanced levels of cortisol, a stress hormone produced by the adrenal glands that keeps the mind vigilant and active. Baim said people who have experienced stress at an early age or for protracted periods of time, become "hyper responders" with an easily triggered and overly expressed stress response, which translates into difficulty disengaging from crisis mode, leading to serious health complications.

"The thing that makes us light sleepers is the stress response," said Baim. "If you have gone to bed in the stress response mode, you are competing with sleep physiology. You may fall asleep easily, but as soon as you get four to five hours of sleep, the stress response takes over and either weakens the restorative nature of sleep or leaves you wide awake."

To tackle the churning wheels of fret and worry, Baim suggests establishing a bedtime ritual – follow a consistent sleep/wake time, regulate light exposure, listen to soothing music, take a warm bath or shower, write an appreciation journal and build a discipline of disengaging from worries after dinnertime.

"Before you settle in for sleep, it is best to keep your brain out of trouble by reducing any unnecessary negative thinking," said Baim. "There is a part of your brain that stores positive memories and positive expectations. To calm all of that down, focus on what you desire and get into the part of the brain that will allow you to sleep." ■

A TOUCHDOWN FOR PATIENTS: New England Patriots tight end Rob Gronkowski visits with Awatif Albadri and her 22-month old son Ali Alghabban, in the Ellison 18 playroom on June 26. Gronkowski and Patriots safety Duron Harmon made a surprise visit to MassGeneral Hospital *for* Children before greeting staff at the annual MGH Employee Summer Picnic.

Occupational therapy program now offered at the IHP

THE INSTITUTE OF HEALTH PROFESSIONS (IHP) has added occupational therapy (OT) to its academic offerings, expanding its current collaborations in education, research and practice with the MGH.

"Having an OT program at the IHP is something we have been looking forward to for a number of years," says Jane Evans, OTD, OTR/L, CLT, clinical director of inpatient and outpatient OT at the MGH. "If the excellent quality of their students and graduates in nursing, physical therapy and speech-language pathology is any indication, we anticipate these new OT students will do a great job caring for patients."

The three-year, full-time degree is the first entry-level Doctor of Occupational Therapy (OTD) program offered in New England. The program, of which first students began classes in June, emphasizes experiential learning.

"Students will acquire a critical foundation of evidence-based knowledge and learn to collaborate interprofessionally to provide client-centered care – a goal that is strengthened by our affiliation with the MGH," says Regina Doherty, OTD, OTR/L, FAOTA, FNAP, associate professor and the program's founding director. "It will allow them to be immersed in a culture in which providing excellent patient care is the first priority." Doherty has practiced at the MGH since 1992, and was a clinical specialist for inpatient OT from 1996 to 2006.

The American Occupational Therapy Association recently recommended that all new occupational therapists be educated at the doctoral level by 2025, but the IHP opted to create a program that was years ahead of the mandate.

"Our graduates will receive an education that goes beyond that of the entry-level master's degree, which most schools currently offer," says Doherty, who is looking forward to collaborating with the MGH on student clinical education and research opportunities. "Our degree is designed for students who have the drive to make a difference in the profession and in society by becoming leaders who can influence best practice through research evidence, as well as deliver compassionate and collaborative care."

MGH honored as sustainability leader

REDUCING THE CARBON FOOTPRINT: From left, Srisirikul; Vincent McDermott, vice president of Finance and Real Estate at Brigham and Women's Hospital; Walsh, Dennis Carlberg, sustainability director at Boston University; and Kris Locke , assistant director of the Office for Sustainability at Harvard University

WITH LITTLE DOWNTIME IN HEALTH CARE DELIVERY, energy efficiency is all the more challenging – nevertheless, in a five-year span, the MGH has managed to sharply curb energy consumption to the tune of $42 million.

"In 2008, utility rates were sky high and I was asked by Partners if there was anything we could do," says Teerachai Srisirikul, MGH-based director of the Partners Utilities and Engineering Group. "We went to work creating and implementing a systemwide strategic energy master plan."

Srisirikul and his team retro-commissioned all mechanical systems, seeking to improve operations and maintenance procedures to enhance performance. In addition, they added energy-efficient lighting and implemented programs to eliminate waste, including shutting down or cutting back on power in buildings unoccupied at certain times of the day.

The MGH's commitment to address climate change recently garnered attention at the Greenovate Boston Community Summit, an annual event celebrating Boston's sustainability successes held at Harvard Medical School. Along with Brigham and Women's Hospital, Harvard University and Boston University, the MGH was presented with Boston Mayor Martin L. Walsh's Carbon Cup, a recognition showcasing large institutions that have each committed at least one million square feet of building space to a 35 percent reduction in greenhouse gas emissions by 2020.

"This is a major task," says Srisirikul. "Thirty-five percent is a huge number, but the MGH has already achieved a 43 percent reduction with more than five million square feet. We are shooting for 50 percent in 2020."

For more information on the Mayor's Carbon Cup, visit *http://greenovateboston.org.* ■

MGH summer jobs brighten futures

ONE HUNDRED AND FORTY EIGHT high school students from Boston, Chelsea and Revere are working for six weeks this summer as part of the MGH Summer Jobs Program, now in its 24th year. The job program offers paid summer employment for youth, professional development training and support for hospital departments during employee summer vacations.

MGH employees from the Association of Multicultural Members of Partners (AMMP) are leading the student workshops. Volunteers include Waveney Cole, staff assistant in Patient Care Services; Jeremy Kinyua, patient financial aid representative; Karima Ricketts, office supervisor in Pathology; and Pamela Cazeau, senior patient liaison in Executive Health Services.

Working with Dianne Austin, AMMP chair and workplace diversity program manager, and Carlyene Prince-Erickson, director of MGH Training and Workforce Development, the MGH Center for Community Health Improvement is piloting "Working at MGH 101" for the entering ninth graders, the youngest cohort of students.

"The students will learn what it takes to be successful in the workplace – and more specifically what it means to be successful at the MGH," says Prince-Erickson.

Students in grades 10 through 12 will take part in communication and professional branding workshops, career panels and elective workshops around stress and relaxation, finances and preparing for life after high school.

The MGH also has hired 36 college students to participate in the Alumni Internship Program for 10 weeks this summer. Thirteen will work in hospital laboratories. Most of the participants previously worked at the hospital as high school students. The college interns also will participate in weekly professional development workshops and meet with the high school students to share their college experiences.

"The Summer Jobs for Youth and Alumni Internship programs would not be possible without the help of Bulfinch Temporary Services and the more than 40 hospital departments and health centers who host the students," says Tracey Benner, program coordinator for MGH Youth Programs. "We are grateful."

For more information on volunteering for MGH Youth programs, contact Margo McGovern at *mmcgovern@partners.org* or 617 724-3210.

WARM WELCOME: MGH Youth Programs Alumni are greeted by MGH president Peter L. Slavin, MD.

— New device

(Continued from page 1)

Now that I have the device, I have not had any," Sherman says. "I am able to work, drive and volunteer at my local ambulance and fire department."

The Responsive Neurostimulator System (RNS), which was approved by the Food and Drug Administration (FDA) in November 2013, is an implantable device designed to help treat adults with partial-onset seizures. Developed by a company called NeuroPace, the device detects abnormal brain activity, and sends out small bursts of electrical stimulation to normalize that activity before a person has a seizure. Patients implanted with the device can download all brain activity with a four-inch wand, which connects to computers and devices through a USB cord. All Sherman has to do is place the wand over the location of the implanted device. The data is then downloaded onto her computer and automatically sent to NeuroPace for analysis.

"The important point here is that this is a novel treatment approach," says Andrew Cole, MD, director of the MGH Epilepsy Center, and lead coordinator of the study. "It took a tremendous amount of energy and effort to get this device – develop this device, create a clinically useful tool, and do the rigorous testing to demonstrate its benefit. Here is a treatment that can react to the actual problem."

Despite having a bout of seizures on a Saturday night in June 2012, Sherman says she has had ample success with the RNS device.

"Obviously it was a blind study, so they couldn't tell me if it was on or off," Sherman says. "But it was obvious. It happened instantaneously. My seizures went down and down; I knew it. I would say to the doctors, 'Guys, I know it's on.' And they would laugh at me and say, 'Sorry we can't tell you.'"

The RNS device has lessened her anxiety about seizures and strengthened her independence. She says she hopes one day to work in the medical field, either as a medical assistant or certified nurse's assistant.

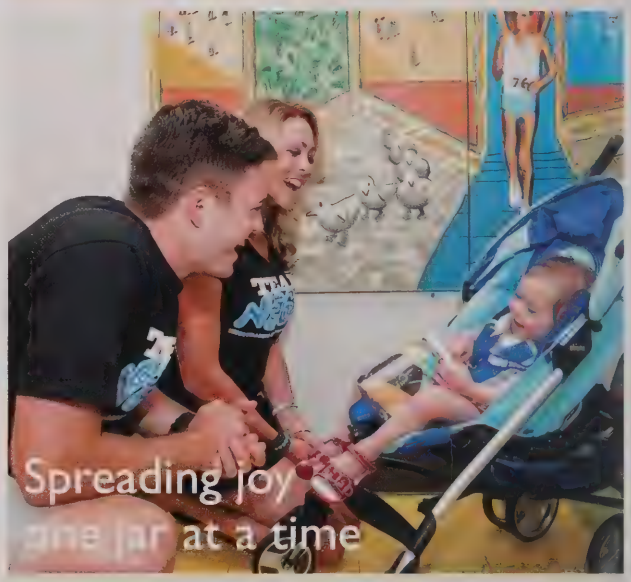
Along with the other study participants, Sherman comes to the hospital every six months for a checkup and will have the device replaced every three years. During the six-month checkup, doctors and patients discuss the data downloaded by their patients.

Cole says there is a running list of 15 to 20 people at the MGH who are in different stages of evaluation for the RNS. There is no limitation to the number of devices at the hospital, and it is available to a wide number of patients.

"I think we have to call the study a success," Cole says. "The goal was to test the efficacy of the device. It had a statistically meaningful result. By every criteria it was a success, and certainly by the FDA's criteria it was a success." ■

Planting hope

AS IT GROWS: Sam Geis, 2, decorates a pot of seedlings he planted during a visit from chef Richard Bonasoro of the Four Seasons Hotel Boston. On June 25, Bonasoro read his illustrated children's book, "A Day in the Fields," to cancer patients in the MassGeneral Hospital *for* Children Pediatric Hematology-Oncology Unit. He also hosted a special planting activity. The plants will become part of the hotel's rooftop garden.



Spreading joy one jar at a time

FILLED WITH LOVE: Jordyn Bouchard, 2, was one of dozens of MassGeneral Hospital *for* Children (MGH*f*C) patients paid a special visit from the Jesse Rees Foundation on July 1. Kaitlin Sandeno, Olympic gold and four-time medalist, and Kelyn Rowe, New England Revolution professional soccer player, distributed JoyJars of toys to patients on the Pediatric Hematology-Oncology Unit on Yawkey 8 and inpatient pediatric units on Ellison 17, 18 and Bigelow 6. Each JoyJar was filled with new, age-appropriate toys such as stickers, books, games and playing cards. To date, the foundation has created more than 80,000 JoyJars for children throughout the world.

Announcements available online
To read this week's "What's Happening" items, visit *http://intranet.massgeneral.org.*

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

07.18.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

FEET FIRST: Charity swimmers jump into the Boston Harbor.

Positive plunge

SIXTY-NINE SWIMMERS – alongside former Olympic athletes – gleefully jumped into the Boston Harbor on June 11 to raise money for pediatric cancer programs and research as part of the 21st annual Swim Across America (SAA) event. The 22-mile relay swim was part of a three-day event that raised more than $350,000 for the MassGeneral Hospital *for* Children (MGH*f*C) Cancer Center and pediatric cancer programs at Dana-Farber Cancer Institute.

This marked MGH*f*C's second year partnering with SAA, a nonprofit organization that raises money and awareness for cancer research, prevention and treatment through community-driven, open-water and pool swims in cities across the country.

The event began at MGH*f*C on July 10 with a special visit from Olympic swimmers Craig Beardsley, Kristy Kowal, Janel Jorgensen McArdle, Alex Meyer, Heather Petri and Eric Wunderlich (see page 4). Pediatric patients were excited to don the Olympians' medals and receive autographed swim caps.

"We were thrilled to partner with Swim Across America for the second year," says Howard Weinstein, MD, chief of Pediatric Hematology/Oncology at the MGH*f*C. "How can you beat a visit by seven Olympian swimmers and a grant to support one of our cancer research projects?"

The Olympians led the first dip into the Boston Harbor for advanced swimmers at Rowes Wharf. On July 12, they led another 137 swimmers into the waters of Nantasket Beach for easier half-mile and one-mile swims. This year also introduced a rowing relay, in which members of the Craic and Bare Cove CrossFit facilities continuously rowed on a rowing machine for 24 hours at the Red Parrot in Hull. ■

No. 1 in New England, No. 2 in the nation

U.S. NEWS AND WORLD REPORT again has ranked the MGH among the top hospitals in the nation on the 2014-2015 "Best Hospitals" list. Of the nearly 5,000 hospitals evaluated, the MGH has consistently placed on the Honor Roll of the top hospitals since the survey began in 1990. This year, the MGH is ranked No. 1 in New England and No. 2 in the United States. For the first time, the Mayo Clinic claimed the No. 1 Honor Roll spot, edging out the MGH by one point. Johns Hopkins, which in 2012 lost a 21-year first-place reign to the MGH, was No. 3, Cleveland Clinic was No. 4, and UCLA Medical Center was No. 5.

In 10 specialties, the MGH ranked among the top five in the nation – including Diabetes and Endocrinology; Ear, Nose and Throat; Gastroenterology; Geriatrics; Gynecology; Neurology and Neurosurgery; Ophthalmology; Orthopedics; Psychiatry; and Pulmonology. The MGH also ranked in the top 10 in Cancer, Cardiology and Heart Surgery, Nephrology, Rehabilitation and Rheumatology.

The "Best Hospitals" list ranks 144 medical centers nationwide in 16 adult specialties. *U.S. News* reviews data including death rates, patient safety and hospital reputation, and the Honor Roll features the 17 that score near the top in at least six specialties. A full list of the MGH specialties and their rankings appears below.

Pediatric specialties are ranked separately from adult specialties, and in June the MassGeneral Hospital *for* Children (MGH*f*C) was highly ranked in five specialties – Diabetes and Endocrinology, Pulmonary, Gastroenterology, Neurology and Neurosurgery, and Neonatology – as part of the report's "Best Children's Hospitals for 2014-15."

A detailed list of rankings is available at *www.usnews.com/besthospitals*.

The MGH's ranking in all 16 specialty areas:

Cancer	7
Cardiology and Heart Surgery	6
Diabetes and Endocrinology	3
Ear, Nose and Throat (with MEEI)	4
Gastroenterology and GI Surgery	3
Geriatrics	5
Gynecology	5
Nephrology	7
Neurology and Neurosurgery	4
Ophthalmology (with MEEI)	4
Orthopedics	5
Psychiatry	1
Pulmonology	4
Rehabilitation (with Spaulding)	6
Rheumatolgy	7
Urology	12

Serving communities with the click of a link

IMPORTANT HEALTH CARE INFORMATION and valuable resources are just a click away for thousands of local seniors and low-income residents, thanks to the MGH Access to Resources for Community Health (ARCH) Program. For the last 14 years, ARCH has partnered with community organizations on eight projects to provide high-quality health information and resources to residents who do not have easy access to a home computer.

The newest ARCH partner is the John F. Kennedy Family Service Center in Charlestown, which offers early childhood education, a community resource center, adult education and job-readiness programs, as well as services for senior citizens. Through funding from the National Library of Medicine (NLM), the Kennedy Center recently received nine new computers and three iPads from ARCH. A project goal is to provide more health education and activities to the center's culturally and linguistically diverse clients through the ARCH website.

HELPING HAND: Ming Sun, health educator for MGH Community Health Associates, left, shows visitors how to navigate the website.

"The site has user-friendly links to highly-respected and reliable health information websites, so users do not have to sort through scores of online pages," said Elizabeth Schneider, ARCH principle investigator and director of the Treadwell Library. "The Chinese-speaking seniors were thrilled to learn they could read about health topics in their native language by accessing the link to the NLM website."

MGH Community Health Associates (CHA), MGH Treadwell Library, Chelsea Health Department and the MGH health care centers jointly established ARCH to serve Charlestown, Chelsea, Everett and Revere. As a division of MGH Center for Community Health Improvement, CHA works closely with the health care centers to strengthen primary care service delivery to patients and communities.

"With its well-vetted website, ARCH is serving the communities that need consumer health information and resources the most," said Schneider.

For more information about ARCH, visit *www.arch-mgh.org.* ■

The future is now

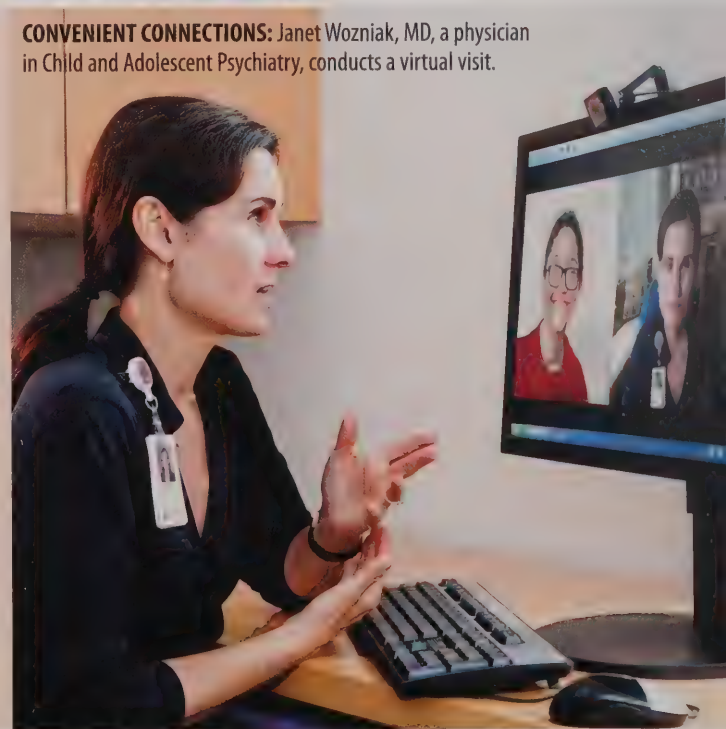
TELEHEALTH IS NO LONGER JUST FOR THE JETSONS. This summer the MGH TeleHealth Program, which provides patients options for virtual access to clinicians, is widening its net with the launch of virtual video visits in Primary Care and the MGH Cancer Center.

"We are eager to explore these tools and understand our patients' experiences and preferences," says Ben Crocker MD, medical director of the Ambulatory Practice of the Future. "We are confident that virtual video visits will be an important piece of delivering the best care to patients no matter where they are located."

A replacement for an in-person office visit, video visits have increased across the MGH and across the nation. Since the launch at the MGH in spring of 2013, more than 50 clinicians across five divisions have conducted more than 1,000 virtual video visits with patients.

"Our patients are banking and shopping online, and soon they will expect to receive health care online too," says Sarah Sossong, MGH TeleHealth director. "Patients like the option of avoiding the hassle and added cost of physically going to their doctor's office. We are still learning; but early feedback from programs across MGH shows improved patient satisfaction, increased treatment compliance, and reduced hospitalizations and emergency room visits."

CONVENIENT CONNECTIONS: Janet Wozniak, MD, a physician in Child and Adolescent Psychiatry, conducts a virtual visit.



Partners eCare now live

THE MGH/MGPO IS THE SECOND PARTNERS SITE to begin using the new Epic revenue cycle system. The MGH community – in conjunction with teams from Partners *e*Care, Accenture and Epic – rallied to complete its transition to Epic on schedule, going live on July 12. The new system is now supporting day-to-day activities for administrative processes including patient scheduling, registration, coding and billing.

"We are very pleased with how well the system is working, and the feedback from staff has been positive," says Sally Mason Boemer, senior vice president of MGH Finance. "This has been a major undertaking, and we appreciate the commitment and hard work of our dedicated staff to successfully make the Partners *e*Care revenue cycle a reality for patients."

The new system was well-received by staff on Wang 2. Debra Sybertz, manager of the MGH Oral and Maxillofacial Surgery Department, has gone through two system conversions during her 18 years at the MGH and says this transition has been the smoothest yet. "Everyone in our department has been very receptive to this change, and I think having that attitude has helped a lot with the implementation of Epic," Sybertz says. "Personally as a manager, the system allows me to access patient and doctor information more efficiently."

Approximately 500 super users – staff with additional Epic training in using the new system – continue to be available to offer in-person support, answer questions and assist users within their departments. A dedicated PHS Help Desk (x6-6868) is available to assist in resolving Partners *e*Care-related issues.

For more information, go to *https://partnersecare.partners.org* and sign up for email alerts to receive important updates. ■

MGH YAWKEY COMMAND CENTER

Lung in a box

"IT'S REVOLUTIONARY," says Jose Garcia, MD, surgical director of the Cardiothoracic Transplantation and Artificial Heart and Lung Program. "It is just that simple. This could potentially expand the number of people who receive lung transplants by 50 percent each year."

The MGH has become the first hospital in New England to successfully perform what's being called a "lung-in-a-box" transplant. In this procedure, the donor lungs are transported inside a portable organ-preservation device known as an Organ Care System, instead of being transported to the hospital in a cooler. While inside the "box," the donor lungs are hooked up to a machine that perfuses the lungs with warm, oxygenated, nutrient-enriched blood. The transplant was part of a clinical trial with the Massachusetts-based device manufacturer TransMedics.

GARCIA, LEFT AND ASTOR

"Once lungs are disconnected from their blood supply, the tissue immediately starts to deteriorate and continues to do so until the organ becomes unusable – generally at about six hours," explains Todd Astor, MD, medical director of the Lung and Heart-Lung Transplant Program. "As a result, an estimated 80 percent of donor lungs globally cannot be used for transplantation because it would take too long to retrieve the organs and bring them back. With this device the lungs can go generally 12 hours before transplantation because they are being infused with blood and essentially breathing the whole time."

Adds Garcia, "By doubling the time we have to retrieve the lungs and get them ready for transplant, we are giving ourselves a much bigger radius in which we can travel to retrieve the organs. That means we have the potential to drastically increase the number of usable organs. Hopefully, it will lead to a drastic increase in the amount of lives we can save."

The MGH also took part in the TransMedics clinical trial for their "heart-in-a-box" technology in which patient Amy DeStefano became the first person in New England to receive her heart transplant in 2011.

A sunset celebration

WHEN NIGHT FALLS during the Muslim holy month of Ramadan, Iftar – the communal breaking of the daily fast – is celebrated. For the past 13 years, the MGH community has joined Muslim patients and staff members to share in what has become an MGH tradition. This year, more than 200 guests joined the July 15 ceremony in the Their conference room and quietly observed as Muslim attendees prayed at sunset.

After prayers, all enjoyed traditional Middle Eastern food provided by Nutrition and Food Services. The event was sponsored by MGH Human Resources and supported by the Chaplaincy Department and Patient Care Services.

"It is an honor to work for the MGH where diversity of the patients and staff members is respected and celebrated," said Firdosh Pathan, RPh, of the MGH Pharmacy. "I am proud, MGH strong and deeply thankful to everyone who helps make this event a success."

TRADITION: Iftar observed at the MGH.

07.18.14

MGH HOTLINE

Show of swimmer support

INSPIRING GREATNESS: Former Olympians share their medals with MassGeneral Hospital *for* Children patient Rocco Spagna, 3, and his mom, Amy, while visiting the hospital on July 10 before the Swim Across America event, which raises money for pediatric cancer research and services. From left: Alex Meyer, Janel Jorgensen McArdle, Amy and Rocco Spagna, Kristy Kowal, Craig Beardsley and Heather Petri.

Nursing leaders learning together

"SHARED NURSING EXPERIENCES AND CHALLENGES ARE UNIVERSAL," says Adele Keely, RN, nursing director for the MGH Phillips 21 Gynecology/Oncology unit. "As nurses we have so much to learn from one another despite the various cultures we come from or work in."

Along with eight nursing colleagues from the MGH, Keely recently led a three-month nursing program in Leadership Exchange and Development (LEAD) at Hamad Medical Corporation (HMC), a leading hospital network in Doha, Qatar. Through its relationship with Partners HealthCare International® (PHI), HMC was able to engage the MGH Norman Knight Nursing Center for Clinical and Professional Development to create programs in nursing, including leadership training and team building. A total of 240 nurse leaders participated in various interactive workshops.

"The program is part of a significant investment in professional development that is underway in support of HMC's nursing strategy, which aims to build the foundations of a world-class nursing service by articulating the link between nursing practice, education, leadership and research," says Ann-Marie Cannaby, executive director of Corporate Nursing at HMC.

Leadership development is just one of a few recommendations that came out of the initial assessment PHI and the MGH conducted for HMC last year. Marianne Ditomassi, RN, DNP, LEAD co-leader and executive director of Patient Care Services, focused on a second assessment specifically addressing how the LEAD program would be tailored to address HMC objectives, head nurse competency development, and match key faculty with program needs.

"The nurses were engaged, eager to learn and committed to translating their new skill and knowledge into practice," says Ditomassi. "Concepts that appeared to resonate most with the participants were relationship-based care, communication skills and interdisciplinary teamwork."

The first domain, a one-day module aimed at self-discovery, encouraged participants to identify key strengths and goals for leadership development through individual and group work exercises. The second domain, a five-day interactive workshop focused on leadership and management, gave the participants the opportunity to learn about and practice core leadership and management skills through the practice of self-reflection, didactic teaching sessions, case studies, and experiential and interactive learning.

Gino Chisari, RN, DNP, director of the Knight Center, and his team were instrumental in helping design the curriculum and identify faculty. "One of the most critical elements for the success of the program was embedding the curriculum with a philosophy of excellence that nurses could accept, see value in and adopt," Chisari says.

Mary Ellin Smith, RN, professional development manager in the MGH Institute for Patient Care, also reflected positively on the experience. "I always learn so much when I spend time with nurses internationally. We all deal with the same issues – I always walk away enriched by the experience." ■

ROLE-PLAYING: Maria Winne, RN, far left, nursing director on the Bigelow 9 Respiratory Acute Care Unit, facilitates a session on giving and receiving feedback.

Announcements available online

To read this week's "What's Happening" items, visit Announcements.mgh.org

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-724-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
hotline@partners.org

MAIL
Public Affairs Office
125 Nashua Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photographic unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

07.25.14

MGH HOTLINE

Training for trauma in Uganda

A 13-YEAR-OLD BOY with his abdomen exposed and a deep laceration to his scalp is brought into the Accidents and Emergencies Ward at the Mbarara Regional Referral Hospital (MRRH) in Mbarara, Uganda. The boy who was hit by a motorcycle holds tightly to his mother's arm. He was transported to the hospital by his family because no formal emergency medical services (EMS) system exists in Uganda – a country of more than 36 million people.

"Fatalities from road traffic accidents are some of the highest in low-resource settings," says Nirma Bustamante, MD, an MGH Department of Emergency Medicine resident. "It is an issue that is not as well publicized as malaria or HIV, but it is a growing problem for these countries and contributes to millions of deaths each year."

Bustamante spent four weeks at the MRRH this spring where she worked with Sarah Graham, an MGH Center for Global Health program manager at the Global Health Collaborative in Mbarara, to introduce a pre-hospital care training program in a region with no EMS. The purpose of the trip was to establish a first-aid response course in the community and at MRRH. The training program was sponsored by the Office of Global Disaster Response at the MGH Center for Global Health. Bustamante funded her travels

(Continued on page 4)

COMMUNITY COLLABORATION: Bustamante demonstrates first-aid response to Ugandans.

Safe delivery

FOR DAN DRZYMALSKI, MD, Shiqian Shen, MD, and May Pian-Smith, MD, physicians in the MGH Department of Anesthesia, Critical Care and Pain Medicine, relieving pain is their calling – a calling that recently took them overseas.

With a travel award from the MGH Center for Global Health, the group traveled to China, June 15, on a medical education mission – The No Pain Labor & Delivery Global Health Initiative. The team included anesthesiologists, obstetricians and labor nurses, who aim to tackle caesarean delivery rates in the country and improve the safety and outcomes of mothers and babies during childbirth. .

CHANGING CARE IN CHINA: Drzymalski reviews procedures with Chinese physicians.

"Chinese women often request to have a caesarean delivery for a variety of reasons, varying from a fear of pain during natural birth to the ancient belief that babies are luckier when born on some days rather than others," Drzymalski says.

According to the World Health Organization, nearly half of all births in China are delivered by caesarean section – the world's highest rate. The study also showed that women who have a cesarean section without appropriate medical support are at high risk for related complications or death, and that babies delivered by caesarean section are more likely to have respiratory problems, obesity and other metabolic diseases. "These findings underlay the urgency of controlling caesarean section rates in China," Drzymalski says.

During their week-long stay, the teams provided education on obstetric and anesthesia techniques to Chinese health providers, as well as patients and families. Chinese medical teams practiced interdisciplinary planning and communication and also participated in clinical simulation drills.

"The Chinese physicians were hungry for knowledge," says Pian-Smith. "Even after one day of training, we noticed that their communication and teamwork improved, as did the clinical outcomes for simulated patients."

Drzymalski, Shen and Pian-Smith will share a first-hand account of the trip with MGH colleagues during their department's case conference on August 14. "We hope this education and training will eventually result in improved outcomes for real patients," says Drzymalski. "This was a great opportunity for the U.S. and China to work together toward a common goal – the safety of mothers and their babies."

Studying celiac's infancy

MAUREEN LEONARD, MD, is looking for 500 newborns at risk for celiac disease. The third-year Mass General Hospital *for* Children (MGH*f*C) Pediatric Gastroenterology fellow is working with Alessio Fasano, MD, director of the Center for Celiac Research and division chief of Pediatric Gastroenterology and Nutrition at MGH*f*C. They are part of a team that has designed a prospective, five-year study to understand the factors that contribute to the development of celiac disease. The multi-center, international study – Celiac Disease Genomic Environmental Microbiome and Metabolomic Study (CDGEMM) – is supported by the Celiac Program at Harvard Medical School, which includes MGH*f*C, Beth Israel Deaconess Medical Center and Boston Children's Hospital.

Q. What is the goal of the study?

A. We have several goals, but our primary goal is to identify and validate specific intestinal bacteria and metabolic profiles that might predict the onset of celiac disease in at-risk infants. By identifying these biomarkers, our long-term goal is to implement early interventions to prevent not only celiac disease, but also other autoimmune disorders that arise in childhood.

Q. What are the benefits of researching babies?

A. By enrolling infants up to 6 months of age, we can examine factors occurring during gestation as well as early environmental exposures such as natural versus caesarean delivery, breastfeeding versus bottle and antibiotic use. During the first few years of life, the intestinal microbiome – the vast collection of bacteria that live in our gut – develops alongside the immune system. By looking at the earliest development of an infant's microbiome, we hope to eliminate many of the confounding factors that are present in an adult's microbiome. By following these infants for five years, we expect to learn which environmental factors – along with the infant's specific genetic makeup – contribute to the development of a specific type of intestinal microbiome. Add this to the metabolites that the babies produce along with environmental factors, and we are looking at the total picture of what causes one infant to develop an autoimmune disorder, while another infant does not.

Q. Why is this important now?

A. Similar to other autoimmune diseases, the incidence of celiac disease, which can affect individuals at any age, has been rapidly increasing. Approximately 1 in 100 people have celiac disease, but many are undiagnosed due to varying clinical presentations with nonspecific symptoms. Celiac disease is a unique model to study autoimmunity. Not only can we identify the genetic markers, we can also measure the auto-antibodies produced. But most important of all we know that the triggering factor is gluten. We also have sophisticated tools to study the genomic and microbiotic factors that might contribute to its development. Finally, the study results could be applicable to autoimmune disease in general.

Q. How does the study work?

A. The infants eligible for enrollment must have a first-degree relative (mother, father or sibling) with celiac disease. They must be exclusively bottle or breastfed with no solid food. Since this age is such a demanding time for new parents, we have designed the study to make it easy to participate. Parents can return questionnaires via email; send stool samples in the mail; and blood can be drawn at the infant's primary care physician visits. All the materials are mailed to the participant at no cost. This means that the participants could live anywhere in the U.S. or around the world and be a part of this extremely valuable study.

For more information about the CDGEMM study, visit *www.cdgemm.org* or email *cdgemm@mgh.harvard.org*. ■

An eye on MGH research

THE STUFF OF LIFE: "The Researcher's Eye" focuses on the images investigators at the MGH look at every day. This poster exhibit, sponsored by the Paul S. Russell, MD Museum of Medical History and Innovation, promotes the efforts of MGH Research Scholars – a group of scientists awarded special funding to take their work into new and uncharted territories. The exhibit is on display on Yawkey 2.

MGH receives AHA Equity of Care Award

THE AMERICAN HOSPITAL ORGANIZATION (AHA) HAS awarded the MGH the first-ever AHA Equity Care Award in recognition of its efforts to reduce health care disparities and promote diversity within the hospital's leadership and staff.

Joseph Betancourt, MD, director of the Disparities Solutions Center (DSC), accepted the award on behalf of the organization at the Health Forum-AHA Leadership Summit in San Diego on July 21.

ANOTHER MGH FIRST: Betancourt, third from right, accepts the AHA Equity of Care Award in San Diego.

DSC is an action-oriented organization with a practical focus on moving the issue of disparities in health care beyond research and into the arenas of policy and practice. It serves as a national, regional and local resource for hospitals and other key health care stakeholders.

"It was an incredible honor, and I certainly felt humbled by the amount of attention and admiration we got from the close to 2,000 people in attendance," Betancourt says. "Without a doubt people expressed how they have always viewed the MGH as a leader in this area and that this was a very well-deserved recognition for our work."

In 2003, the MGH created a systemwide committee on racial and ethnic disparities to focus internal attention on the challenge of disparities, improve the collection of racial and ethnicity data, and implement quality improvement programs. Two years later in 2005, the DSC was established in response to local and national calls to address disparities in health care.

"For more than 10 years, the MGH has taken a very deliberate, disciplined approach to making sure that we identify and address any disparities in care that might exist at our hospital," says Betancourt. "It's a real testament to our leadership for having the vision to move this issue forward and to support our work in this area. We are committed to delivering high-quality care to anyone who enters our doors."

In terms of future goals, the MGH intends on doing more in the area of training doctors, nurses and front-line staff in team-based communication and cross cultural care. Additionally, the hospital plans to make its Annual Report on Healthcare Quality and Equity – which routinely monitors performance on disparity – more robust.

"This is the work of the entire MGH community," Betancourt says. "I'm thankful for that, and it was on behalf of our entire organization that I accepted the award." ■

A maverick's memorial

NEARLY 74 YEARS AFTER HIS DEATH, Ernest Amory Codman, MD, FACS, has been honored with a memorial headstone on his previously unmarked gravesite at the historic Mount Auburn Cemetery in Cambridge. Leaders from the American College of Surgeons (ACS) and the MGH gathered at a July 22 dedication event to pay homage to the man best known for advocating the "End Result Idea" – a belief that the outcomes of a surgeon's practice rather than seniority should determine his promotion. Codman, whose ideas have contributed to the framework for surgical quality improvement in the U.S. – and for outcomes research in general – served at the MGH in 1899 and again from 1902 until his resignation in 1914.

"Dr. Codman was a man ahead of his time," says Andrew Warshaw, MD, former chief of the MGH Department of Surgery. "Though his ideas were not appreciated in his lifetime, he transformed the way we view medicine today. Codman viewed improving patient care and improving standards as a personal obligation. This memorial is a reminder of the impact one person can have in the long run."

Warshaw spent the last two years helping to raise $20,000 for the granite and bronze memorial, crafted by Boston-based sculptor Daniel Altshuler. The epitaph reads, "Father of outcomes assessment and quality measurement: It may take 100 years for my ideas to be accepted." During the ceremony, ACS leaders addressed Codman's valiant contributions to patient care and expressed their gratitude to donors.

RESPECTFUL REMEMBRANCE: Warshaw, left, and David F. Torchiana, MD, MGPO chairman and chief executive officer, stand beside the Codman memorial headstone.

07.25.14

MGH HOTLINE

Blood Transfusion Service makes a move

MGH'S BLOOD TRANSFUSION SERVICE (BTS) is heading home. In March 2013, the BTS temporarily moved out of the first floor of the Jackson Building so the space could receive a much needed renovation. The unit will move from its current location on White 12 back to its newly renovated Jackson 1 space on August 11.

The reconfigured space features an open layout allowing the staff members to easily visualize all patients from a centralized station, thereby ensuring continuous, timely and safe patient care. The new space provides greater accessibility for BTS outpatient populations, many of whom are elderly and use walkers and wheelchairs. Additionally, the BTS has expanded its Extracorporeal Photopheresis (ECP) program. ECP treatments will be performed in a separate room.

Understanding that the complexity of the MGH campus can be confusing for even the most seasoned patients, the space has been designed with greater visibility in mind.

"The last thing we want our patients to worry about is how to find us or how to access the office with limited mobility," says David Rasmussen, BTS practice manager. "Not only does the new space look fantastic, but also the functionality should really improve the patient experience from top to bottom."

The BTS will continue to operate from 7 am to 5 pm, Monday through Friday.

— *Training for trauma*

(Continued from page 1)

through an MGH Center for Global Health travel award and a Partners Center of Expertise in Global and Humanitarian Health travel grant.

"I am fortunate to join an incredible team focused on building the concept of disaster response and preparedness into the Ugandan national fabric," says Bustamante. "The course was a small component of this larger long-term goal."

Adds Graham, "We wanted to focus on a small course that did not overextend our resources. We had 40 participants during our two four-hour sessions. Drivers and staff of the Global Health Collaborative were our main population target for this introductory course."

Using a first-aid kit made from locally sourced supplies, the curriculum included scene safety, universal precautions, airway, wound dressing, tourniquets and splints. The participants were taught using only the materials and resources that would be available to them in case of an accident. Each kit also included a first-aid response card illustrating each skill taught in the course, in addition to the list of supplies and location where they were obtained. Each driver received a first-aid kit, a portable water bottle and a certificate. Participants were responsible for restocking their kits as supplies were used.

"The end-goal is to make the course self-sustaining with the same skills and disaster preparedness that made our response to the Boston Marathon bombings so effective," says Graham.

Four Ugandan physicians, three interns, and one resident helped teach the course and mentor participants. Meetings also were held with key stakeholders from Mbarara University of Science and Technology, the MRRH and from the local community to engage community leadership and highlight the importance of disaster preparedness in the medical school as well as on a national level.

"The intent is to organize and establish a self-sustained, Ugandan-led pre-hospital training course that will culminate in a citywide disaster preparedness and response plan, including mass casualty exercises and drills," Bustamante says.

Bustamante plans to return to Uganda in November to further develop the course and to continue to help organize a disaster response task force to engage community leaders.

For more information about the Office of Global Disaster Response, visit *http://mghcgh.org/programs/gdr/*. ■

Submit news tips and story ideas to *MGH Hotline*

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

08.01.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

NEFF, RIGHT, AND HIS WIFE DANA

The journey home

LACY NEFF SMILES every time he sees a ladybug. He adopted an affinity after the recent death of his mother – an avid admirer of all things resembling the brightly colored beetle.

"Every time I got good news – like my amyloid count went down – I would see a ladybug," he says.

Neff, 48, has amyloidosis, a disease few have heard of and often can't pronounce, so sometimes it is simply called "amyloid." But there is nothing simple about this disease.

"Light chain amyloidosis occurs when components of antibodies called light chains form amyloid deposits," says Marc Semigran, MD, director of the MGH Heart Failure/Cardiac Transplant Program in the Institute for Heart, Vascular and Stroke Care. "These abnormal proteins build up in one or more of the organs in the body, including the kidneys, liver, spleen, nervous system – and in Lacy's case the heart."

A fairly rare disease, Semigran and his team see roughly 30 amyloidosis patients a year, often sent by specialists from around the globe. "Some of these patients are referred from the Boston University Amyloid Center, with which we jointly work to treat patients with advanced cardiac amyloid," says Semigran.

The MGH is one of only seven hospitals in the United States studying cardiac amyloid heart transplants – and the only one in the Northeast.

"We have become a referral center," Semigran says. "Amyloid is a serious disease that moves at a rapid pace and often is not caught soon enough. In my opinion, anyone with heart failure without a clear underlying cause should be assessed for amyloid."

So without hesitation, the day before Thanksgiving, Neff and his wife of two years, Dana Neff, left their jobs, packed their things,

(Continued on page 2)

Department of Medicine – The road ahead

THE MGH DEPARTMENT OF MEDICINE is known for innovation. Since its founding, the department has expanded from providing medical care to the community to include the training of future physician leaders, clinical research and innovation in disease treatment and investigation into human biology. With five research units and more than 1,000 physicians in 10 clinical divisions including cardiology, endocrinology and infectious diseases, the Department of Medicine is the largest department at the MGH.

"One of the department's greatest advantages is the close relationship it has developed between scientific discovery and clinical care," says Katrina Armstrong, MD, MSCE, physician-in-chief of the Department of Medicine. "But in order to fuel the next innovations in treatment, care and prevention and nurture the next generation of physician-investigators – we have to rethink the future," she says.

Since Armstrong's arrival in April of 2013, the department has embarked upon a planning process to define goals and priority initiatives for the next decade. The first phase involved a series of interviews with department leaders to identify challenges and opportunities, and to define major strengths and weaknesses. The second phase, which began in October 2013, was a full-day retreat focusing on building community, strengthening connections and identifying goals that cut across the four missions: clinical, research, education and community. In the final phases, a departmental planning group – with further development from key stakeholders – created a roadmap with five major goals.

To achieve the goals, the Department of Medicine identified several initiatives including:

(Continued on page 4)

— *Journey home*

(Continued from page 1)

and traveled nearly 600 miles to live a stone's throw away from the MGH.

That was eight months ago.

Neff's amyloidosis journey, however, didn't begin in Boston. It began in Morgantown, West Virginia, where pretty much anyone who listens to the radio knows Lacy Neff. For more than 25 years, he has been an on-air personality at WVAQ. On Oct. 2, 2013, his public life turned into a private battle.

"I couldn't walk without taking a deep breath or getting dizzy, and if I stood up quickly I would pass out," he says.

Neff was in and out of his hometown hospital before he was sent to another hospital in Pennsylvania for more tests.

A heart biopsy confirmed amyloidosis.

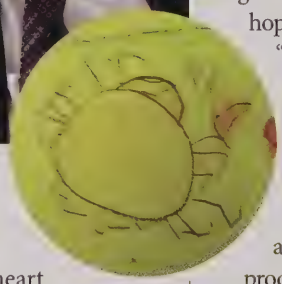
"I had less than a year to live," Neff says. "My heart looked like shattered glass. The amyloid was like little swords going into my heart and sticking it. That's when we began 'the tour' to try to find a cure."

At a hospital in Ohio, Neff learned his heart was functioning at 12 percent and also learned he was not only battling amyloidosis but also multiple myeloma, a cancer of the plasma cells. Neff needed more than just chemotherapy; he needed a heart transplant and a stem cell transplant to treat both. He was referred to the MGH.

"We committed to stay in Boston for a year. It was one of the conditions," says Neff. "Dr. Semigran asked if we were willing to do what it takes to care of my heart – I said, 'Absolutely.'"

There was some debate as to whether Neff would qualify for the transplant list because it was the first time the MGH had an amyloid transplant candidate who also had multiple myeloma.

GARCIA, LEFT, AND SEMIGRAN



"The MGH has achieved the reputation as a center of excellence where a good number of patients received a heart transplant followed by bone marrow stem cell transplantation, and a great majority of them are doing very well years after these combined strategies," says Neff's hematologist and bone marrow transplant physician, Bimalangshu R. Dey, MD, PhD, of the Division of Hematology/Oncology. "For the MGH to continue to lead the way in the treatment of cardiac amyloidosis we have to learn to deal with unusual cases such as Lacy's – they are becoming more and more common."

As he waited in the hospital, Neff was visited by another member of his care team, Jose Garcia, MD, surgical director of the Cardiothoracic Transplantation and Artificial Heart and Lung Program.

"When I met Dr. Garcia, I asked him the stupid question of how many transplants he has done – he's done hundreds, so I said 'that's the guy I want.'"

On Dec. 29, Neff was placed on the transplant list. Almost four months later he received a new heart.

"If there's a better hospital, you've got to show me," he says. "Dr. Semigran is my Superman."

Neff's journey is not over. Now he must wait another four months so he can gain strength and weight for a stem cell transplant, which Semigran hopes will wipe out the amyloid for good.

"There is a 30 percent possibility of recurrence, but I think Lacy's prognosis is excellent," he says. "We assess all of our patients regularly for recurrence of amyloid protein production. The development of new drug therapies now allows us to suppress abnormal light-chain production before it can impair a patient."

As Neff waits, he and his wife – for the first time in a long time – think about the future. He often reflects on a special moment while recovering from his heart transplant.

"A nurse brought her little girl for a visit," he recalls. "She came into my room and told me, 'I want to draw you a picture.' I said, 'I would love that.' She looked at me, seriously, and asked 'Do you like ladybugs?' I looked at Dana who began to cry, and I said, 'You know what? I love ladybugs.'" ■

Helping to heal

"I AM IN AWE," says Todd Rinehart, LICSW. "These children are my role models." A social worker in the MGH Division of Palliative Care, Rinehart as been a volunteer at the Comfort Zone Camp (CZC) on Cape Cod since 2010. CZC is a bereavement camp aimed at transforming the lives of children who have experienced the death of a parent, sibling or primary caregiver. For the past two years, Rinehart had been trying to find of a way to bring the CZC and the MGH together.

COMFORTING COLLABORATION: From left, Kim, Rinehart and Rhodes

"I care for many dying young parents, and I felt I had limited bereavement resources to offer their children," says Rinehart. "I knew the services offered by CZC would be ideal in helping these children on their grief journey."

On July 19, a free one-day bereavement program for children, teens and their parents was offered by CZC in partnership with the MGH at the Institute for Health Professions. Sixty volunteers participated.

"I had the privilege of watching a group of children share their stories of loss, be reassured that it's okay to cry and to laugh, understand that they are not alone in their grief, and gain strength and coping skills that will serve them for years to come," says Ali Rhodes, NP, of the Palliative Care Division. "I am honored to have been a part of their journey through grief and healing."

The one-day program was designed to break the isolation children feel after a loss, introduce peers who can personally relate to their loss, provide mentorship and therapeutic services, and teach healthy coping skills for managing grief in daily life.

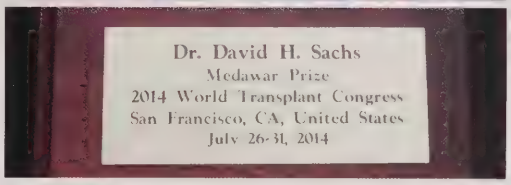
"Volunteering at this camp was truly transformative," says Christina Kim, NP, of the Palliative Care Division. "I did not expect to be so deeply touched and humbled by the strength and grace exhibited by these kids who suffered tremendous loss at an unspeakably young age. It provides perspective for me when I reflect on my own losses and struggles."

Adds Rinehart, "To see the changes in their faces from the beginning of the day, compared to the end of the day was proof enough for me that the program was a success. My hope is that the CZC partnership will be an annual event."

Prestigious award honors best in transplantation

DAVID SACHS, MD, founder and scientific director of the MGH Transplantation Biology Research Center (TBRC) received the Medawar Prize at the World Transplant Congress in San Francisco on July 29. The award, considered the most prestigious global honor in transplantation science, was named for Sir Peter Medawar, regarded by many as the founding father of transplant immunology. The prize recognizes individuals who have made a significant scientific discovery or outstanding contribution in the field of transplantation.

SACHS, LEFT, AND RUSSELL



Sachs received his medical degree in 1968 from Harvard Medical School where he became fascinated with the field of transplantation, particularly the concept of transplantation tolerance, researched by Medawar a decade earlier. During medical school, Sachs joined the MGH as a student research assistant in a laboratory run by Paul S. Russell, MD, now senior surgeon and chief emeritus of the MGH Transplantation Unit, a recipient of the 2004 Medawar Prize.

"David's buoyant enthusiasm for science and his quick grasp of new concepts and techniques made it clear that he had great potential," says Russell. "He set out, with Dr. Henry Winn, to explore in detail what substances an individual of one species detects as foreign in the tissues of another species – unexplored territory at the time. From there, he has taken this subject a long way and his work, along with gifted colleagues, has been a bright star of accomplishment for MGH science."

After his tenure at the MGH, Sachs moved to the National Institutes of Health in Bethesda, Maryland, where he developed a major program in transplantation research. He was named chief of the Transplantation Biology Section of the National Cancer Institute in 1974 and chief of the Immunology Branch of the National Cancer Institute in 1982.

In 1991, Sachs' journey brought him back to his roots at the MGH, where he established the TBRC. Since its establishment, the TBRC has grown into a 50-person group of researchers and physicians who collaborate across disciplines to advance the science of transplantation, as well as MGH's clinical transplantation tolerance program. The goal is to induce the recipient's body to eventually accept the transplanted organ without the need for life-long immunosuppressive drugs that can have debilitating side effects. While the protocol is still considered experimental, the center is focused on working with MGH transplant clinicians to make it a mainstream option in the future.

"The contributions of Sir Peter Medawar in the field of transplantation were of such overwhelming importance to my career and to that of my mentors and colleagues," says Sachs. "Receipt of the Medawar Prize is of particular significance to me." ■

A grand slam for Home Base

THE ENERGY AT FENWAY PARK on the morning of July 19 was palpable. More than 2,600 people – including 500 active service members of the military – came together for the 5th annual Run to Home Base presented by New Balance. The run raises funds for the Red Sox Foundation and MGH Home Base Program, one of the only private-sector clinics in the nation dedicated to helping post-9/11 veterans and their families heal from the "invisible wounds" of war – post-traumatic stress (PTS) and traumatic brain injury.

LEAD-OFF RUNNERS ON YAWKEY WAY

"My deepest thanks to the Red Sox Foundation and the entire Red Sox organization, especially Tom Werner for his vision and steadfast commitment to our mission to provide world-class clinical care to all those who have served our nation," said retired Brig. Gen. Jack Hammond, executive director of the Red Sox Foundation and MGH Home Base Program. "This event is a way for folks to say thank you for your service and have it really mean something."

The 9K run and 3-mile walk started on Yawkey Way and winded through Boston, finishing inside Fenway Park and crossing over home plate. The Run to Home Base has raised more than $11 million over the past five years, and in that time the program has provided treatment and support for more than 1,000 Iraq and Afghanistan veterans and their families.

"Visits to the Home Base clinic were up 30 percent last year and are on track to continue to increase significantly again this year. It makes the need for Home Base all the more urgent," said Peter L. Slavin, MD, MGH president. "Providing care to veterans and military families is our privilege, our obligation and our honor."

The Home Base Program offers a broad range of services to post-9/11 veterans and families including evidence-based clinical care, counseling couples in which one spouse has PTS, substance abuse treatment, stress management, support groups, parent guidance and outdoor recreational activities to support families. In addition, Home Base has trained more than 10,000 clinicians nationwide to identify and address patients with the invisible wounds of war in their practices.

For more information, visit *www.HomeBaseProgram.org*

08.01.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit http://intranet.massgeneral.org

Submit news tips and story ideas to MGH Hotline

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

CONTRIBUTOR
Mae Driscoll

EMAIL
Hotline@partners.org

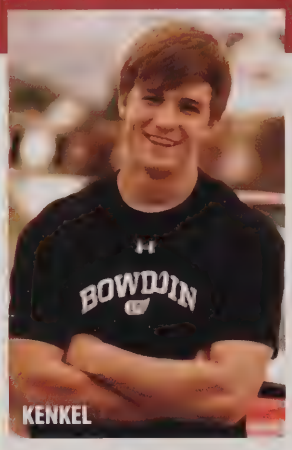
MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at www.massgeneral.org/hotline or by scanning the QR code above.



Back in the game

AFTER SUFFERING with debilitating symptoms for almost two years, 19-year-old Trevor Kenkel of Montana is finally looking forward to a bright future.

In August of 2012 during a high school football game, an opposing team member took Kenkel down, forcing him to take himself off the field.

"The trainer asked me basic questions like where I was and the day of the week," says Kenkel. "I was cleared, and sent back out, only to be hit again."

Four months after back-to-back concussions, Kenkel's care team in Montana encouraged him to get back out and enjoy himself, but a mishap on the ski slopes left Kenkel with a third concussion. The dates of expected recovery came and went, discouraging Kenkel and his family.

A year later, Kenkel was referred to the Sports Concussion Clinic at the MassGeneral Hospital *for* Children (MGH*f*C). The team approached his injury in a collaborative way, including a medicinal regimen, physical therapy and emotional support. "Our goal was to enable him, as opposed to disable him," says Walter Panis, MD, of the Sports Concussion Clinic and the MGH Department of Physical Medicine and Rehabilitation.

"Trevor was hypersensitive to light, sound and smell. He couldn't listen to music or watch TV – even unloading the dishwasher or doing laundry was too loud. He would forget to eat and couldn't sleep," says his mother Stephanie Kenkel.

Trevor Kenkel was encouraged by the MGH*f*C team to go out and do as much as possible. Panis says a major key to his success was the physical therapy led by Lenore Herget, PT, DPT.

"So often, with these prolonged recoveries, patients develop almost a secondary psychosocial limitation from being shut down from school, sports and life," says Herget. "It becomes a priority to slowly and carefully reintegrate into their prior activities. With Trevor, it was clear he was not himself. I could tell the patient sitting in front of me was not the innovative, personable athlete I came to know."

Adds Kenkel, "Lenore knew when to push me and when to back off, which made me feel less nervous."

Herget says she knew Kenkel was willing to work hard to recover. "Sometimes just enabling patients to be active participants in their own recovery can be powerful."

Kenkel's mother recalls the first time he was able to sit with friends for a period of time. She immediately emailed Herget. "I wanted to tell her how awesome it was that he could be with friends, not just sitting blankly but involved."

As he prepares to enter Bowdoin College, Kenkel also is starting his own agriculture business that soon will launch a new product. He is looking forward to enjoying nature again, especially hiking and fishing. With the support of his family and the MGH*f*C team, Kenkel is off of all major medications and has few headaches.

"I am excited to experience new things and to finally be able to enjoy the opportunities I worked so hard for." ■

— *Roadmap*

(Continued from page 1)

The Transformative Scholars Program: *Investing in Discovery*
By recruiting and developing the best talent from diverse disciplines, the MGH will continue to lead the nation in fundamental discovery that can transform the practice of medicine and have a lasting impact on patient care.

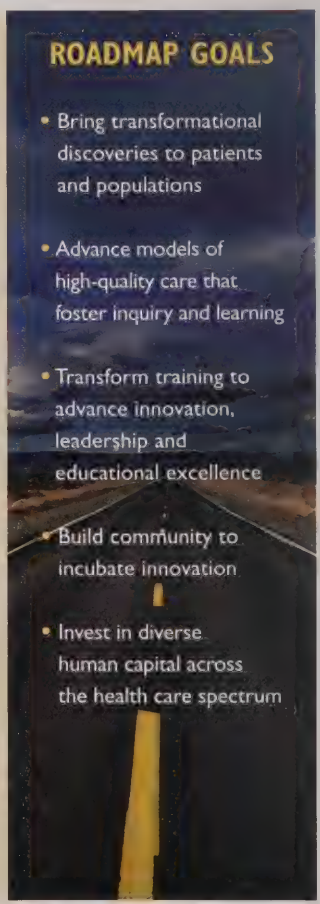
Translational Science Initiatives: *Linking Discovery to Patients for Rapid Reward*
This program seeks to define the models for bringing the best laboratory science to previously elusive diseases and will ensure focus on the most pressing clinical issues while building the foundation for rapid translation of discovery.

Centers of Transformation: *Bringing Personalized Care to Population Health*
These centers will create interdisciplinary teams to address the burden of key diseases in the populations served, thereby increasing societal impact by focusing attention on positive health outcomes for whole populations.

MGH Medical Neighborhood
The hospital will develop new models of coordination and continuity that engage patients as partners, leverage advances in information technology and incorporate physicians-in-training to support the delivery of high-quality care, successful research and the learning environment.

As initiatives are implemented, and challenges and opportunities arise, the roadmap will continue to be refined.

"The creation of a roadmap has already demonstrated its value in strengthening the connections and community across the department," says Armstrong. "It will be instrumental in ensuring our ability to lead in a time of substantial challenges to the missions of academic medicine."


ROADMAP GOALS
• Bring transformational discoveries to patients and populations
• Advance models of high-quality care that foster inquiry and learning
• Transform training to advance innovation, leadership and educational excellence
• Build community to incubate innovation
• Invest in diverse human capital across the health care spectrum

08.15.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Connected care

PERKINS WITH HER DAUGHTER, FIONA

IT WAS JUST A PICTURE: Julie Perkins, iPad in hand, was sitting in her kitchen, drinking her morning coffee and watching her daughter sleep. "I didn't realize how big of a deal the technology was until I posted the photo on Facebook and saw the enthusiastic response," she says.

Perkins was using MGH telemedicine technology through an iPad provided by the Mass General Hospital *for* Children (MGH*f*C) Pediatric Intensive Care Unit (PICU) following her five-year-old daughter Fiona's recovery from reconstructive airway surgery. She had been sedated in a coma-like state for a week so her body could heal.

In 2013, MGH*f*C PICU began using telemedicine to enable parents to be active participants in their child's care even when not physically present.

"When other life responsibilities prevent them from being at their child's bedside, parents are able to join work rounds and visit with their child virtually," says Phoebe Yager, MD, of the MGH*f*C PICU.

Living on Cape Cod with four young children made it nearly impossible for Perkins to be by Fiona's side at all times. Knowing that Fiona would not be interactive during her stay at the PICU because she would be sedated, Yager approached the Perkins family to offer the iPad and virtual connection via a HIPAA-safe internet connection, so Perkins and her husband could keep an eye on their daughter anytime.

"The iPad made me feel like I was right there in Boston with Fiona, especially during rounds," says Perkins.

Each day right before rounds, the MGH*f*C team rolled a mobile teleconferencing cart with a camera into Fiona's room. Meanwhile, at home on the Cape, Perkins clicked the link to access the live connection. Back at MGH*f*C, the camera – mounted at eye-level – allowed Perkins to view and hear doctors discuss medication changes, explain updates and answer any of her questions.

"My wedding anniversary was the same week Fiona had her surgery," explains Perkins. "We had planned to go away for the weekend and reluctantly decided to go – the doctors reassured us she would be okay. I woke up in the hotel, logged onto Wi-Fi and checked on Fiona. It was so peaceful. We were able to enjoy ourselves, assured that Fiona was safe and well cared for. It was simply amazing." ■

Fundraising and fighting for a cure

IN 2012, when 30-year-old Quincy resident Alex Cellucci was nine months pregnant, she was diagnosed with neurofibromatosis (NF), a genetic disorder that disturbs cell growth in the nervous system, enabling tumors to grow on any nerve in the body.

"I was not expecting to have the test come back positive, especially at nine months pregnant," Cellucci says. "I didn't really have a chance to be scared or sad or upset. I just thought, I need to figure out what is best for my baby, then we will figure the rest out."

Cellucci has NF2, one of three forms of the disease characterized by vestibular schwannomas, a type of tumor. Patients with NF2 typically have tumors on their auditory nerves. Cellucci is not alone; her younger sister, older sister and father all have NF.

"It is very serious," says Cellucci's doctor, Scott Plotkin, MD, director of the Family Center for Neurofibromatosis in the MGH Department of Neurology, who also treats Cellucci's sisters and father. "It is not cancer in the sense that overall mortality is shortened. Many people can live a full life; however, they may go completely deaf, blind and lose the ability to walk.

NF has created a "dark cloud over life," Cellucci says. "It's an unpredictable storm that just follows

(Continued on page 4)

HOLDING ON TIGHT: Cellucci with daughter, Maible

STEM camp inspires growth

SEVENTEEN YOUNG ASPIRING SCIENTISTS and health care professionals recently participated in the MGH Youth Scholars five-day Science Technology Engineering and Math (STEM) Camp.

The week included new discoveries as students visited Google's new Cambridge campus where they experimented using a 3-D printer, then landed a mission on Mars in the Christa McAuliffe Challenger Learning Center simulator and studied marine creatures on a boat ride in Wood's Hole.

"Sea urchin spikes don't even hurt when you hold them," said Vinny Baez, 15.

At MGH Foxboro, the students reviewed an ACL tear study and followed treatment from diagnosis to recovery to therapy. In the Sports Performance Center, they wore sensors for a motion analysis experience that demonstrated individual biomechanics.

"The professionals encouraged the students to develop their passions, stay focused on their academics and seek help or advice from their support networks," says Amanda Walsh, STEM program and curriculum manager, and project coordinator for the MGH Center for Community Health Improvement.

"STEM camp gave me many insights into options for my future career, and I had a lot of fun at the same time," said Mariana Tapasco, 15.

ROOTED IN SCIENCE: Students examine marine creatures in Woods Ho

MGH Summer Jobs celebrates another successful season

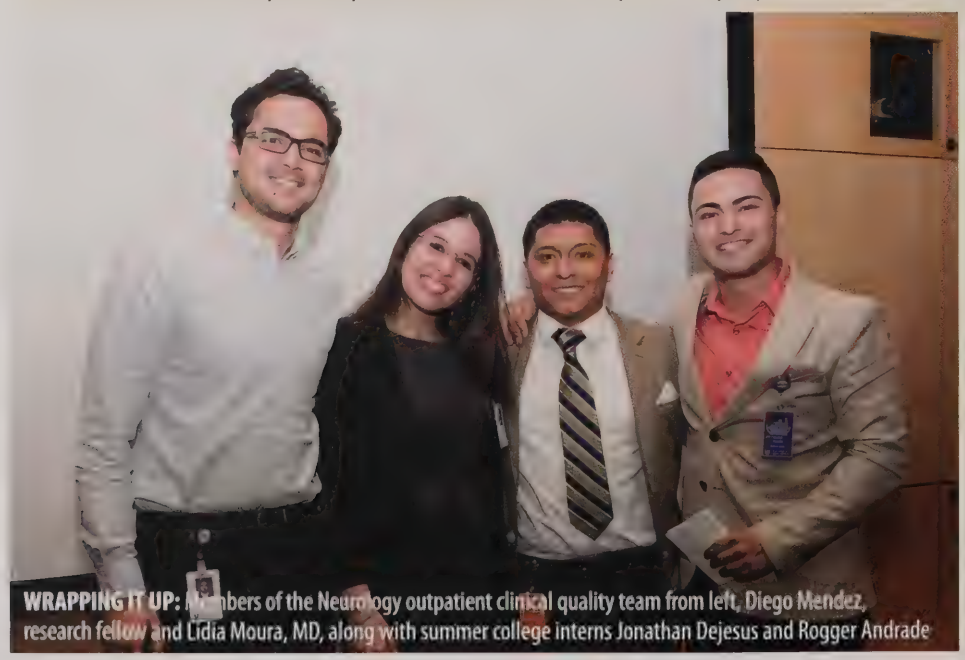
STUDENTS FROM THE MGH SUMMER JOBS PROGRAM said so long to summer and to six-weeks of summer jobs culminating with a celebration in the O'Keeffe Auditorium on Aug. 13. This year's program provided paid summer employment for 183 high school and college students.

Keynote speaker Nathalee Kong, a second-year resident and physician at MGH Revere HealthCare Center, traced her path from Cambodia to Everett, Massachusetts, to UMass Medical School.

"If life went according to plan all the time, we would never develop the ability to adapt," Kong said. "Making mistakes gives us the courage to try again."

Kong described growing up in a country she barely knew and how she learned to react to life's challenges by watching her mother work tirelessly to provide for her and her sister. Volunteer experiences eventually led her to a career in medicine.

"At the end of the day, all of my mistakes and each and every one of my experiences culminated in my decision to become a doctor," she said. "For me, this career epitomizes the spirit of exploration, determination and lifelong learning."



WRAPPING IT UP: Members of the Neurology outpatient clinical quality team from left, Diego Mendez, research fellow and Lidia Moura, MD, along with summer college interns Jonathan Dejesus and Rogger Andrade

Following Kong's speech, awards were presented to summer job participants including staff. MGH Information Desks, under the leadership of manager Michael Stone, received the Supervisor Award, along with the Neurology Department Outpatient Unit clinical quality team, under medical director Daniel Hoch, MD.

Student Awards went to East Boston High's Mahmoud Hayek for initiative, Yohanna Perez, Timilty Middle School alumna, for influence and Jewell Duberry-Douglas, a recent graduate of Edward M. Kennedy Academy for Health Careers, for team work.

At the end of the ceremony, students were encouraged to take "selfies" and upload them to Instagram at #mghjobs4youth.

For more information about volunteering for MGH Youth programs, contact Margo McGovern at *mmcgovern@partners.org* or 617 724-3210.

Mind over matter

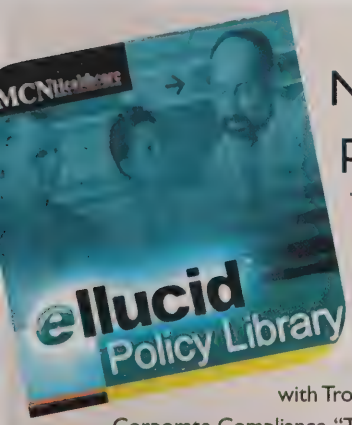
WHEN JOANNE RING'S HUSBAND PASSED AWAY three years ago, she found herself working through a grief process that became nearly impossible to manage. Raising four young boys and working fulltime as an ICU nurse only added to her stress and anxiety. Although her primary care physician offered medication to help her cope with her anxiety, Ring felt there was a better option. She turned to the MGH Center for Community Health Improvement in Charlestown, which works with the MGH Wellness Center and Benson-Henry Institute for Mind Body Medicine (BHI), to offer group mind-body intervention (MBI) as a plausible option for treating anxiety and depression.

The eight-week MBI group is provided at MGH community health centers in Revere and Charlestown by licensed clinical social workers trained in MBI at BHI. The groups meet once weekly for 90 minutes. The program includes teaching methods eliciting the relaxation response using a variety of techniques, along with promoting adaptive cognitive practices, such as optimism and acceptance; promoting healthy lifestyle behaviors, such as recommendations for nutrition, exercise, and restorative sleep; and building social support.

"The BHI Wellness Center conducted a retrospective study looking at the medical records of 124 patients who had participated in the MBI groups for anxiety and depression," says Kathleen Miller, RN, PhD, director of the BHI Wellness Center, and a principal author of the study. "Participants in our study showed improvements in symptoms of depression and anxiety, as well as decreases in perceived stress. Based on this, we think the group MBI may be a good resource for community health center providers to recommend as adjunctive treatment for anxiety, depression and stress."

Ring says, "If I hadn't learned some of the strategies channeling the relaxation response, I likely would have ended up on medication – a route I really didn't want to take. The tools I've learned to manage my stress and anxiety, coupled with positive lifestyle alterations, have truly changed my life for the better."

The study, entitled "The Effectiveness of a Community-based, Mind-Body Group for Symptoms of Depression and Anxiety," was published in the summer 2014 issue of *Advances in Mind-Body Medicine.* ■



New MGH/MGPO policy management system

THIS FALL, NEARLY 1,500 MGH/MGPO policies stored and managed in Trove online Policy Library will be converted to a system called *ellucid Policy Manager.* The new system provides better access and easier updates to policies and procedures, saves time and streamlines approvals.

"Over the years, many of us have expressed frustrations with Trove Library," says John Belknap, chief compliance officer, MGH Corporate Compliance. "The new system is user-friendly, has an enhanced search tool and everything can be downloaded into PDF format."

The Corporate Compliance Office manages the hospital's overall policy library. Within each hospital department, policy owners and managers are responsible for formatting, revising, and approving their department policies.

"At this time, we are working with existing policy owners and managers who keep their policy collections on Trove Library," says Kelly Staples, Corporate Compliance project coordinator. "We anticipate a quick and painless swap over to *ellucid*."

The Corporate Compliance team is working with policy owners to prepare for the conversion to *ellucid*.

"We have identified who the owners will be for the different manuals, formatted policies, and are working on getting the various manuals ready for upload to the new policy manager site," says Staples.

Once the manuals are uploaded, training will be provided to manual owners, who will then be able to train users within their department. A training module – currently in development – will be offered to end-users, and video tutorials will be available on the *ellucid Policy Manager* site.

Department policy owners and managers who do not have policies on Trove Library and would like to convert to *ellucid*, contact Staples, *kstaples@partners.org* or Julia Austin, *jcaustin@partners.org* by Sept. 30.

Dousing for donations

ACCEPTING A CHILLY CHALLENGE: The MGH ALS Multidisciplinary Clinic and the Northeast ALS Consortium happily applaud after participating in the Ice Bucket Challenge on Aug. 8. The social media movement – aimed at raising awareness for Amyotrophic Lateral Sclerosis (ALS) – has become so popular it has literally soaked the nation, reaching politicians, professional athletes and celebrities. The rules are simple. Participants have 24 hours to douse themselves with a bucket of ice water and then challenge someone else to do the same – all communicated and shared via social media videos. If a tagged person does not complete the challenge, he or she must donate to a charity, preferably one that fights ALS. The movement was started by Pete Frates, a Beverly resident and former Boston College baseball player who was diagnosed with the progressive neurodegenerative disease in 2012.

08.15.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit http://intranet.massgeneral.org

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

CONTRIBUTOR
Mae Driscoll

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office

Photos by MGH Photography unless otherwise noted

MGH Hotline is printed on recycled paper.

Find MGH Hotline on the web at www.massgeneral.org/newsletter or by scanning this QR code above.

— *Fundraising*

(Continued from page 1)

our family around."

Cellucci watched as her older sister suffered through spinal surgery and a tumor in her liver. When she was in first-grade, her father was diagnosed with a brain tumor. Her younger sister was diagnosed with NF in high school and that same year had her first brain surgery. Cellucci has not had any surgeries but has a tumor on her auditory nerves and multiple tumors on her spine.

But Cellucci and her family do not sit back and succumb to the disease. They fight back by being proactive and partnering with neurofibromatosis organizations to help raise funds to find a cure.

Cellucci participates in various cycling and running competitions to raise money. Her uncle, Bill Palmer, who works in the MGH locksmith office, also assists with fundraising.

"As soon as Alex was diagnosed, she became active in fundraising right away – like running the Falmouth Road Race," Palmer says. "She's doing great work. A cure is possible for this disease."

Although that cure has not been discovered, there are various treatments – including surgery and radiation – depending on the patient's condition. Researchers at MGH are studying medical treatments for tumors caused by NF2. Like other patients, Cellucci visits the doctor on a regular basis to monitor her tumors. She is stable for now but worries that her now two-year-old daughter, Maible, will test positive for the disease. Each child of a patient with NF2 has a 50 percent chance of inheriting the disease.

"There are lots of ups and downs," Plotkin says. "When we go through rough patches it is hard, but Alex has been really strong and has coped very well."

Nurses set sail

CAPTAINS OF CANCER CARE: A large group of MGH Cancer Center nursing staff from Lunder 9 and 10 set out on the open sea for a summer sail in Marblehead Aug. 7 with the Haverhill-based nonprofit Sailing Heals. The nurses were treated to a day of relaxation featuring a two-hour cruise and a waterside picnic. Since its inception in 2011, Sailing Heals has partnered with local sailors to offer cancer patients and their caregivers a memorable and enjoyable day of healing on the water. "The gift of giving back to patients and caregivers through this experience is extremely generous," says Barbara Cashavelly, RN, Lunder 9 nursing director. "The nurses will remember this day for a long time. We hope to share this with some of our patients so they may also have this wonderful experience."

Cruisin' with cops

MGHFC PATIENTS PREPARE FOR HARBOR CRUISE

MASSGENERAL HOSPITAL *FOR* CHILDREN'S CANCER CENTER patients and their families cruised the Boston Harbor aboard the Boston Police Harbor Patrol Boat on July 31 as part of an event hosted by Cops for Kids with Cancer (CFKWC).

"Cops for Kids with Cancer is a remarkable organization led by a extraordinary group of volunteers with one vision – to support families in the midst of cancer treatment," says Elyse Levin-Russman, LICSW, clinical social worker for Pediatric Hematology and Oncology. "This wonderful boat cruise is just one way to let families know they are not alone in their cancer journey."

Families traveled by police escort to the Black Falcon Cruise Terminal, where they were greeted by retired Superintendent-in-Chief Robert Faherty, chairman of CFKWC, and William Evans, commissioner of the Boston Police Department. Once on board, the children took turns steering the boat.

The organization has been partnering with MGH*f*C since 2005. ■

08.22.14

MGH HOTLINE

All in the family

The Hardy boys.

Le Hai, center, and her parents, Le and Duong

Cameron-Calef and daughter, Calef

IT IS OFTEN SAID that working at the MGH is like working with family – for many employees it literally is.

"Nobody knows you better than your brother," says George Hardy, a carpenter for MGH Buildings and Grounds. "We have had a lot of laughs and have always worked together since we were kids."

Steve Hardy, the younger brother – and as George Hardy jokes, the "shorter" – also works as a Buildings and Grounds carpenter. Affectionately referred to by colleagues and friends as "The Hardy Boys," the brothers have been working together at the MGH for the past 10 years.

"If I'm short on lunch money, I know I can always hit up my big brother," says Steve Hardy.

Three generations of Mary Roy's family have worked at the MGH – her mom, the late Claire Byrnes; her sister, Arlene Byrnes; daughter, Michelle Wright; and niece, Lauren Baino.

"MGH kind of sucks you in – in a good way," says Roy, a senior grants manager in the Athinoula A. Martinos Center for Biomedical Imaging. "I started working in Charlestown 36 years ago. I felt a real sense of family and community. Both my sister and my Mom worked there too, and we all made the big plunge to the main campus."

Roy's daughter, Michelle Wright, a clinical coordinator in the MGH Cancer Center, says having family at the MGH makes work more enjoyable.

"Sometimes I'll meet my grandfather for lunch when he is here for an appointment, and it's a constant stream of people stopping by our table who know him, knew my grandmother or my mother or aunt or cousin. It just goes to show how connected the MGH community is. Everyone seems to know each other."

(Continued on page 4)

Flashback Friday – First New England foot replant

EXACTLY 28 YEARS AGO today, a story was published in *MGH Hotline* about a unique patient at the hospital.

The year was 1985. Bruce Ristow was mowing the lawn at his home in Columbia, Maine. As he was trying to remove some weeds growing at the base of a tree, a piece of the lawn mower blade broke off, flew out the back of the mower and severed his foot, leaving it hanging by a thread.

"The next thing I knew, I was spinning around," Ristow, now 62, says. "I fell, and most of my foot was lying next to me."

Ristow made a temporary tourniquet and began yelling for help, with the assistance of his dog barking nearby. Not long after, help arrived and Ristow was taken to a nearby hospital where his foot was detached. He was then flown by a small plane to the MGH.

At the hospital, Jesse Jupiter, MD, a hand and upper extremity orthopædic surgeon, in the Department of Orthopædic Surgery, reattached Ristow's foot. It was the first foot replant ever performed in New England.

(Continued on page 3)

August 22, 1985

THE MGH HOT LINE

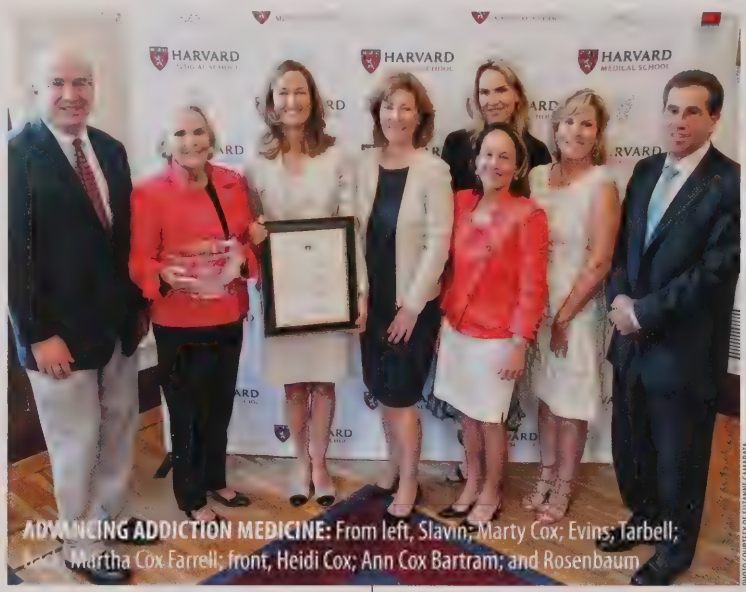
Bruce Ristow shows his replanted right foot to photographers. Standing at left is Dr. Jesse B. Jupiter, who headed the replant team.

Evins named first incumbent of the William Cox Family Professorship

ADDICTION IS AMONG THE NATION'S most pressing public health problems with more than 20 million people in the U.S. addicted to drugs or alcohol.

Anne Eden Evins, MD, MPH, director of the MGH Center for Addiction Medicine, recently was recognized for her exceptional work in this area as the first incumbent of the William Cox Family Professorship in Psychiatry in the Field of Addiction Medicine Harvard Medical School (HMS).

The establishment of this professorship and the appointment of its first incumbent were celebrated July 30 during a ceremony at HMS. Named in honor of the late William Cox, the professorship was established through a gift from the Cox family as well as other donor contributions. Nancy Tarbell, MD, HMS dean for Academic and Clinical Affairs, hosted the event, which featured remarks by Peter L. Slavin, MD, MGH president; Jerry Rosenbaum, MD, chief of the MGH Department of Psychiatry; Heidi Cox; and Evins.



ADVANCING ADDICTION MEDICINE: From left, Slavin; Marty Cox; Evins; Tarbell; Martha Cox Farrell; front, Heidi Cox; Ann Cox Bartram; and Rosenbaum

PHOTO COURTESY OF SUZANNE CAMARDA

"Endowed professorships represent the highest honor we can bestow upon our faculty members," said Tarbell. "Already a well-respected member of the professoriate, Eden now holds a title that further distinguishes her as a leader in the field of addiction medicine, among her peers and beyond."

Evins became the director of the MGH Center for Addiction Medicine in 2005 and has been an active member of the MGH Schizophrenia and Depression Clinical and Research Program since 1995. Her research interests include pharmacotherapy for nicotine dependence, the negative symptoms of schizophrenia, co-occurring psychiatric and substance use disorders, and cognitive dysfunction in schizophrenia. She also is studying the effects of various medications on reward responsiveness and other potential biomarkers of vulnerability to addiction and treatment response.

Said Heidi Cox, "I come from a family of strong women, so my mother, my sisters and I are thrilled that Eden Evins, as first holder of the Cox Professorship in Addiction, will be the first woman faculty member in the department to hold an endowed professorship."

In his remarks, Slavin congratulated Evins and emphasized the hospital's commitment to improving the care of patients with addiction disorders. "At the MGH, we are determined to take the lead in preventing, identifying, treating and managing substance use disorders, and we will rely heavily on Eden's leadership and inspiration," Slavin said.

"I am deeply grateful for the inspirational gifts of the Cox family and the many generous others that have made this opportunity possible," said Evins. "There are pivotal questions around the biological underpinnings of addiction that the critical support of this professorship will help us address. These discoveries will help us better counsel families and develop more targeted and effective treatments." ■

Albers honored with Wilkens endowed chair

MARK ALBERS, MD, PHD, of the Department of Neurology, was named the first incumbent of the Frank Wilkens, Jr. and Family Endowed Chair in Alzheimer's Disease Research. The chair was established and funded by the Wilkens family to honor the late Frank Wilkens, Jr., a patient of Albers, and to advance a cure for Alzheimer's disease.

Peter L. Slavin, MD, MGH president, welcomed members of the Wilkens family, along with Albers' colleagues, family and friends, to the afternoon reception held in the MGH Richard B. Simches Research Center on Aug. 6.

"Mark is clearly a rising star," said Slavin. "This chair provides critical support to help him and the department thrive at a time when funding is so limited, especially for diseases like Alzheimer's that are grossly underfunded."

Albers specializes in memory and olfactory disorders. His work focuses on enabling doctors to identify at risk patients sooner and helping scientists develop treatments to prevent Alzheimer's from progressing. He began his MGH career as an internal medicine resident and then trained in neurology. He was one of the first chief residents for the Partners Neurology Residency Program.

Following clinical training, Albers resumed basic research studies in the laboratory of Nobel laureate Richard Axel, MD, at Columbia University, and practiced behavioral neurology in the Memory Disorders Center at the Neurological Institute of New York. He returned to the MGH, where he currently sees patients in the Memory Disorders Unit and on the inpatient neurology service. As a basic scientist, Albers uses novel mouse models to elucidate drug targets for the early stages of Alzheimer's disease and other neurodegenerative disorders. In the clinical arena, he is developing a set of simple but powerful tools that explore the sense of smell to screen for the very earliest preclinical stages of Alzheimer's and other neurodegenerative diseases.

"It is a privilege to work at the MGH every day," said Albers. "With the establishment of the Wilkens chair, I and future honorees will be able to devote our energies to the core purposes of this great institution: providing excellent patient care and conducting translational and curiosity-driven research at the highest level."

SCIENTIFIC STRIDES: From left: Merit Cudkowicz, chief of MGH Neurology; Albers and Slavin

Slaugenhaupt named scientific director of MGH Research Institute

SLAUGENHAUPT

SUSAN SLAUGENHAUPT, PHD, of the MGH Center for Human Genetic Research and professor in the Department of Neurology, has been named the first scientific director of the MGH Research Institute. Appointed through a formal selection process, Slaugenhaupt was recognized for her innovation, energy and dedication to the field.

"Sue has a broad exposure to all the different facets of research at the MGH and has been a terrific citizen of the research community," says Harry Orf, senior vice president for Research and member of the scientific director search committee. "Her enthusiasm is genuine and contagious – something that will serve the Research Institute well."

Launching in 2015, The Research Institute will serve as an umbrella to all research at the MGH, reaffirming the hospital's commitment to the enterprise. The institute's goal is to better integrate the research and clinical missions, increase engagement with both patients and industry, and increase the overall visibility of research within the hospital. As director of the Research Institute, Slaugenhaupt will work directly with current hospital leadership to help devise and implement these goals, as well as increase research funding.

"We wanted someone with a broad range of basic, translational and clinical research expertise," says Robert Kingston, PhD, chief of MGH Molecular Biology and chair of the Executive Committee on Research. "Blending these research spheres is part of an important paradigm for how biomedical research will work in the future – Sue and her work embody that model."

Slaugenhaupt's career spans 22 years as an advocate for rare disease research with a unique focus on two neurological disorders – familial dysautonomia (FD) and mucolipidosis type IV. Discoveries in her lab have led to the successful implementation of critical population screening for both disorders and to the development of a treatment for FD. In addition to her extensive groundbreaking research, Slaugenhaupt spearheaded several programs and educational initiatives at the MGH. She co-directs the Genetics and Genomics Unit of the MGH Clinical Research Program and The Harvard Catalyst, as well as the Partners Biobank, an initiative aimed at speeding the translation of research discoveries into improved clinical care for MGH patients.

"I'm very excited about my appointment as scientific director of the Research Institute," says Slaugenhaupt. "I have been working for years to improve the research environment at the MGH, and I am thrilled that the MGH has devoted significant resources to create the institute. I look forward to working with the entire research community to build a strong institute that will ultimately increase research funding for our investigators and speed the translation of research discoveries."

Slaugenhaupt will begin her duties as director Sept. 1 and plans to continue her research program on FD and related rare genetic diseases. ■

— *Flashback*

(Continued from page 1)

"The normal approach in the lower extremity is not replantation but prosthesis, which often works very well," explains Jupiter, the Hansjorg Wyss Professor of Orthopædic Surgery at Harvard Medical School. "However, in this case because it was such a sharp cut, I made the decision to replant the foot."

Ristow was in the hospital for a month after his surgery. Once discharged, he participated in physical therapy once per week for approximately a month and was walking with a limp in six months, he says.

Nearly 30 years later, Ristow has little pain, few complications and continues to live an active life outdoors. Now living outside Trenton, New Jersey, he rides dirt bikes, motorcycles and enjoys many other outdoor and indoor activities.

"I have a limited amount of movement in my foot, but I can still move it up and down and rotate it," Ristow says. "It is sore once in a while, but I've dealt with it and lived with it. Needless to say, I waited a long time before I touched a lawn mower again. I'm still thankful to this day to Dr. Jupiter and his team for what they did for me."

Seeking Partners in Excellence nominations

EACH YEAR, the Partners in Excellence (PIE) program honors employees for their outstanding contributions to the Partners HealthCare mission. The deadline to submit nominations for a 2014 PIE award is Sept. 12. Individuals and teams may be nominated for an award in the following categories:

- Quality treatment and service
- Leadership and innovation
- Teamwork
- Operational efficiency
- Outstanding community contributions
- Sustainability (new category)

To complete an online nomination form, visit *http://pulse.partners.org/PIE/InstructionsWEB.asp* or for paper nominations, call 617-724-9743.

Award recipients will be recognized at the PIE awards celebration in April. For more information, contact *partnersinexcellence@partners.org*.

— *Family*

(Continued from page 1)

Wright's cousin, Lauren Baino, a practice access coordinator in MGH Allergy Associates, says the MGH is like its own little city. "With family members in different departments, I have been able to meet other employees and gain knowledge of how those departments work. Plus, I'm never without a lunch friend."

Janice Cameron-Calef, RN, in the Gillette Center for Women's Cancers, inspired daughter Cameron Sue Calef, RN, to carry on a tradition of mentorship in their family by becoming a nurse.

"She was raised in the MGH culture," says Janice Cameron-Calef. "Occasionally, I would bring her to work with me, and my coworkers and patients were always surprised by her compassionate nature. I mentored my daughter the way my mother, who was a nurse, mentored me."

The admiration is mutual. Cameron Sue Calef, who works in the Medical Intensive Care Unit says, "Everywhere I go, I meet someone whose life has been touched by my mom. People are always telling me what an amazing nurse she is, and it makes me proud to have her as a mentor and to be a third generation of strong nurses."

Danielle Le Hals, director of business operations in Radiation Oncology, grew up learning about the MGH through the lens of her parents – her father, Nang Le, an imaging services representative in the Department of Radiology, and her mother, Manh Duong, an office assistant in Health Information Services.

"Since they have both worked here since I was young, I always heard how supported they felt working for an institution that gave them a chance when they were still struggling with the English language and sharpening their skills for working in a professional setting," says Le Hals. "When I finished school and was looking for a job, it was not even a question that I would be looking at opportunities at the MGH."

Roy, left, and her sister, Byrnes, Department of Internal Medicine staff assistant, and below their daughters, Baino, left, and Wright.

Le Hals has worked at the hospital for five years, her mother for 15 and her father for 16.

"We are very proud of being an MGH family. I am trying to convince my two younger children to also work here," says Nang Le.

"There is an automatic network of people who understand," says Manh Duong. "If there is a new general policy or communication, I sometimes talk with my husband or daughter about it to make sure I understand it correctly. Also, we like it that our daughter works here – we don't have to worry about her as much."

Le Hals and her immediate family arrived in Boston from Vietnam more than 20 years ago. They did not speak a word of English, and they did not have any family nearby. They had to start from scratch, adjusting to a new country and culture.

"When I think of our trajectory from then to now, I think of how significant a role the MGH has played in that story," says Le Hals. "For that reason, my family and I will always feel indebted to this great place." ■

Shark surprise

UP CLOSE AND PERSONAL: Shark Week came to an official end at MassGeneral Hospital *for* Children Aug. 20 with a special visit from the Atlantic White Shark Conservancy. With some guidance from MGH Building and Grounds staff, Lizzy, the 40-pound fiberglass shark, swam her way in and out of patient rooms on Yawkey 8, Ellison 17, 18 and Bigelow 6. Douglas, 5, even got a close-up look at Lizzy the shark's sparkly white teeth. The Atlantic White Shark Conservancy is a Cape -Cod-based nonprofit committed to raising public awareness about white sharks.

Submit news tips and story ideas to *MGH Hotline*

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

08.29.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Let the giving begin

STEADY HAND: Vanessa Gormley, RN, Lunder 7; Gino Chisari, RN, director of the Norman Knight Nursing Center; and Glenda Bannister, RN, PhD, FAAN, executive director of the Institute for Patient Care, consider technique at Operation 5,000, the new My Giving Helps summer fundraiser.

FOLLOWING THE JUNE INTRODUCTION of Operation 5,000, a successful new fundraising event, the My Giving Helps: The MGH Fund + United Way employee campaign will launch its annual drive with a celebration under the Bulfinch tent on Sept. 3. The campaign runs from Sept. 2-26, and lead co-chairs Michael R. Jaff, DO, chair of the MGH Institute for Heart, Vascular and Stroke Care, and Joan Sapir, MGH/MGPO senior vice president, have set an ambitious goal of 5,000 employee donors in 2014.

"Last year, MGH employees demonstrated their commitment to this hospital and to our community by donating over $1 million to My Giving Helps," says Sapir. "We were so impressed by our colleagues' generosity. This year's goal reflects our belief that employees will continue to show their support in greater numbers than ever before."

Gifts to the MGH Fund provide unrestricted dollars to support the most promising programs and initiatives at the hospital. Donations have been used to support research in a variety of fields – including celiac disease and cancer detection – and to offer important health and support program for employees, such as free stroke screenings.

Gifts to United Way provide assistance to more than 170 organizations in the Boston area, ranging from the Boys and Girls Clubs to the Pine Street Inn to the American Red Cross. Each partner organization is annually evaluated by United Way, which has the experience and expertise needed to ensure donations are put to good use.

(Continued on page 4)

Determined to succeed

"THE AMOUNT OF COURAGE they have consistently impresses me," says Brett Mulder, PsyD.

Mulder is the Aspire Teen and Adult Services program manager at the Lurie Center for Autism at the MassGeneral Hospital *for* Children (MGH*f*C). Aspire offers services that help children, teens and young adults with autism spectrum disorders develop the social competency critical for success. One of these services is the Aspire Adult Internship Program, which helps adults gain valuable experience in the work world.

"With some support and the right environment they can thrive," says Mulder. "Despite past setbacks and failures, these young men and women bravely and willingly take on challenging internships. It amazes me."

The internship program has three main areas of focus: increasing self-awareness and self-advocacy skills, improving social competence and

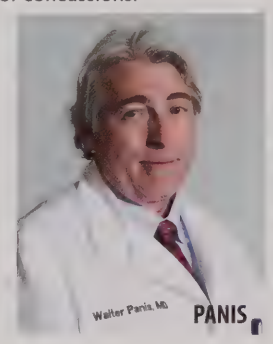
(Continued on page 2)

INSPIRING INTERNS: From left, Spezzaferri, Michelson, Dan Peters and Lara Warrenbrand

Head games – the impact of concussions

AS FALL SPORTS COMMENCE, Walter Panis, MD, of the MassGeneral Hospital for Children (MGH*f*C) Sports Concussion Clinic and the MGH Physical Medicine and Rehabilitation Service, explains the ins and outs of concussions.

Q. What is a concussion?



A. A concussion is a pathophysiological event that is caused by torquing or a twisting of the brain. It is not necessarily caused by a direct blow but by a quick – and usually unexpected – movement of the neck. That force applied to the brain appears to affect the nerve cells and causes them to malfunction.

Q. What are symptoms of a concussion?

A. A sort of change in a person's recognition and level of awareness. The most severe form is a loss of consciousness. On the other end of the spectrum, a person might just feel a little dazed or out of it. Other symptoms include headache, sleep disturbance, cognitive and behavioral complaints and mood disorders.

Q. How are concussions treated?

A. Physical and cognitive rest is the most important and effective, immediate treatment and, of course, preventing another blow. If we think athletes have suffered a concussion, we take them out of play until they have no further symptoms.

Q. How long does it take to recover after a concussion?

A. I would say 90 percent of people who have a concussion get better within a month. Most people get better even faster; however, it turns out that children recover slower than older kids and adults because of their developing brains.

Q. With fall sports around the corner, what are ways to prevent concussions?

A. The stronger and healthier you are, the better chance you have of preventing a concussion. Good technique is important, making sure you are well-hydrated and well-nourished. We are seeing more and more concussions in girls; we think it is because they are more likely to report their symptoms.

Q. Why are concussions increasingly more prevalent?

A. We don't know for sure, but perhaps it is because people are more aware. Education has increased, and there is more sports participation. People read in the newspaper everyday about concussions – it is part of our culture now. The vast majority of people who get a concussion do get better. When people don't improve, there is often something else going on.

Q. What is key when it comes to concussions?

A. Recognize the symptoms. There is a great concern about the second impact syndrome, which is deadly yet very rare. An adolescent who has suffered a concussion and then has a second impact could develop a life-threatening brain problem, and kids have died or have been severely disabled. Someone who has had a concussion should be taken out of the game even if they recover quickly. If in doubt, take them out.

For more information about concussions, contact the MGH*f*C Sports Medicine Clinic at 617-724-9722. ■

The thrill of the drill

READY TO RESPOND: Thirteen MGH staff members recently traveled to Palo Alto, California, to participate in a mock humanitarian disaster at the Stanford Medical Campus. The three-day, full-scale field hospital simulation was organized through a partnership between the Office of Global Disaster Response at the MGH Center for Global Health, the International Medical Corps (IMC) and the Stanford Emergency Medicine Program for Emergency Response. The team slept in tents and ate field rations as they practiced a full-scale response in line with the center's mission to provide a professional humanitarian response to those affected by emergencies and disasters. "It was a wonderful learning opportunity," said Rachel Rifkin, Office of Global Disaster Response program coordinator. "It was truly valuable to see what goes into raising and staffing IMC's Trauma and Surgical Deployment Unit and to practice and work together with colleagues."

— *Determined to succeed*

(Continued from page 1)

enhancing the capacity to manage stress and anxiety. The goal is to better navigate the workplace, think socially and discover strengths.

"The key is to help them find a niche in the workplace and effectively self-advocate to managers," says Mulder.

"I've learned my determination and willingness to challenge myself are my strengths," says Marisa Michelson, a 23-year-old Aspire intern at Liberty Mutual. "Going outside of my comfort zone is the only way I will grow. This is something I have known but only recently found the courage to do."

Aspire interns have worked at businesses all over the Boston area including the Harvard Museum of Natural History, Liberty Mutual, WGBH Boston and the MGH.

"Working with our Aspire intern has made our employees more aware of different communication styles and motivated them to be more attentive to their own communication habits," says Jeanne Hopkins, vice president of Communications and Government Relations at WGBH Boston. "It has also emphasized the importance of clarity when offering instruction and explanations, which is beneficial for everyone."

Along with skills learned in the workplace, Aspire interns have developed lasting relationships with other program interns. Once a week they have a two-hour seminar to build skills, discuss experiences, ask questions and receive advice from peers and job coaches. "The seminar allows the interns to have a close social connection with people who understand the courage it takes to be a part of this program," says Mulder.

Nicole Spezzaferri, a former Liberty Mutual intern now working at Watson and Marlow in Wilmington says, "On the last day of the internship, we went for dinner. We were able to chat, joke around and really enjoy each other's company."

Adds Michelson, "Overall the people I have gotten to know and work with made my internships truly incredible. They are experiences that I will never forget."

Hausman Fellowship – a model for diversity

THE HAUSMAN FELLOWSHIP program launched in 2007 with only one fellow. The following year, there were just three. But at the Aug. 22 graduation ceremony in the Haber Conference Room, 16 fellows were honored. Designed to promote recruitment of minority nurses and meet the needs of a diverse patient population, the six-week program pairs each student nurse with an MGH nurse mentor to provide clinical, practical and social learning experiences. Founded by former MGH patient, Margaretta Hausman, LICSW, the program has become a national model for diversity in nursing.

"If you aren't in a supportive learning environment there are assaults on your self esteem," said Deborah Washington, RN, PhD, director of Diversity for Patient Care Services, who welcomed guests. "Over the years, we have built a community, so that the fellows always have someone to process with even in their current work environments."

As names were read and certificates presented, each graduate stood at the podium and expressed their gratitude.

"Being here made me realize how important my role is as a Chinese American nurse," said Simmons College student Flora Hu. "I was able to assist with cultural barriers that often arise, since western medicine is not prevalent in Chinese culture."

Bria Robinson from Boston College said, "The program showed me I am a valuable asset to the health care community, and I have a voice that can be heard."

Ifeoma Obiara, a student from University of Massachusetts Boston, thanked Hausman for her generosity and fortitude. "If equality is not given, then a legacy must be created."

For more information about the Hausman Fellowship program, contact Washington at 617-724-7469 or *dwashington1@partners.org.* ■

GRATITUDE: Obiara receives a congratulatory hug from Washington.

Overcoming organ donation obstacles

WAITING FOR AN ORGAN can be a lengthy process with no guarantee when or if a suitable match will become available. Complicating matters is the national organ shortage. According to the United Network for Organ Sharing, more than 122,000 patients are on the national organ waiting list, with a new name added every 10 minutes. On average, 19 people die each day from the lack of available organs for transplant, which amounts to about 7,000 people each year.

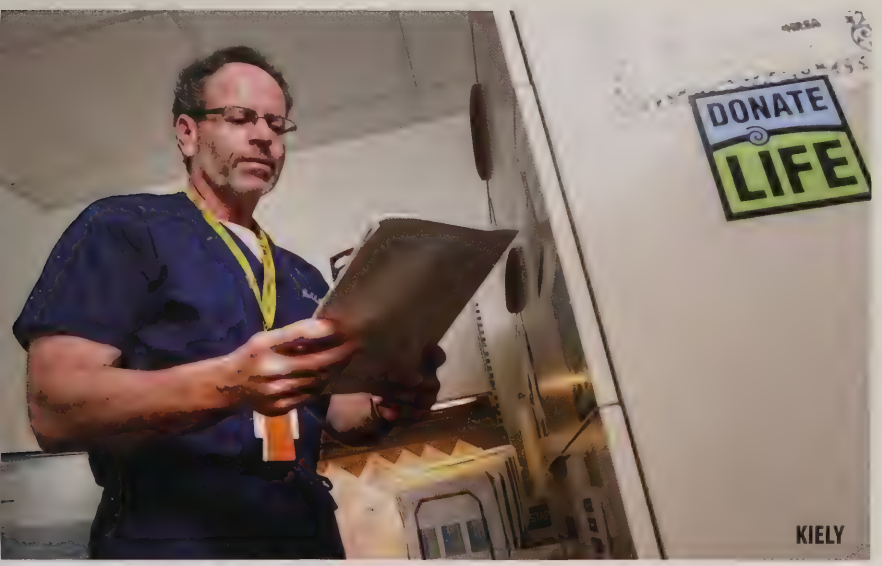
The MGH and the New England Organ Bank (NEOB) are critical allies in increasing organ donation. "Part of a hospital's success centers on the education of its clinical staff around organ donation best practices. This, in turn, contributes to better conversion rates – a hospital's ability to identify patients who have the potential to donate and ultimately go on to become actual donors," says Kevin Kiely, MGH in-house coordinator for the NEOB.

Nationally, conversion rates hover around 60 percent, but so far this year the MGH organ conversion rate stands at 80 percent. "These higher-than-average rates reflect the effectiveness of our team approach when it comes to the delicate topic of donation with the families of deceased patients," Kiely continues. "In fact, the MGH has received the U.S. Health Resources and Services Administration Medal of Honor for excellence in organ donation for the past eight years."

As a Level I trauma center, the MGH provides the highest level of care to trauma patients. In collaboration with the NEOB, the hospital has been able to establish several processes to help identify potential candidates.

"Understandably, these are difficult discussions to have, but we handle these matters with the utmost care, concern and sensitivity," says Kiely. "We try to illustrate to the families that the gift of organ donation will hopefully provide a measure of comfort and healing in their loss."

Adds Angela Marquez, administrative director of the MGH Transplant Center, "The MGH has one of the highest conversion rates in New England. This is a direct result of the institutional support for organ and tissue donation, the work of the MGH Organ and Tissue Donation Committee and our strong collaboration with the NEOB. It is important to note that organ donation and transplantation involve an innumerable amount of both clinical and non-clinical staff members. This dedication on all fronts is what drives our success today, tomorrow and into the future."



KIELY

08.29.14

MGH HOTLINE

Change in Hotline schedule

MGH Hotline will not publish Sept. 5 because of the holiday. The regular publication schedule will resume Sept. 12.

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

CONTRIBUTOR
Mae Driscoll

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find MGH Hotline on the web at www.mghonline.org/hotline or by scanning the QR code above.

Camp comes to the kids

AIMING FOR FUN: Summer may be coming to a close for some but not for patients at MassGeneral Hospital *for* Children (MGH*f*C). On Aug. 21, the Healing Garden on Yawkey 8 was transformed into a summer day camp for dozens of patients and their families. Hosted in collaboration with The Hole in the Wall Gang Camp Hospital Outreach Program, the event treated children to several stations of activities such as arts and crafts, archery and fishing. The Hole in the Wall Gang Camp is a non-profit organization dedicated to providing seriously ill children and their families with a "different kind of healing."

— *Giving*

(Continued from page 1)

"Our employees make a world of difference every day by doing what they do best – making the MGH the best place for health care," says Jaff. "The fact that so many also choose to support the MGH Fund and United Way with a gift to My Giving Helps exemplifies the level of caring that makes the MGH a world-class institution."

For more information about the 2014 My Giving Helps campaign or to make a donation, visit *www.mygivinghelps.org*. To view this year's campaign video, visit the MGH YouTube Channel at *www.youtube.com/MassGeneralHospital*. ■

Campaign calendar

MY GIVING HELPS campaign organizers will host a series of events and giving opportunities throughout the month of September, including:

2014 Kick-Off Day – Sept. 3
Kick off the 2014 giving season with a celebration under the Bulfinch tent from 11 am to 4 pm and again from 9 to 11 pm. The Operation 5,000 game boards will be open for play, and employees will have the opportunity to make a gift onsite and enter to win great raffle prizes.

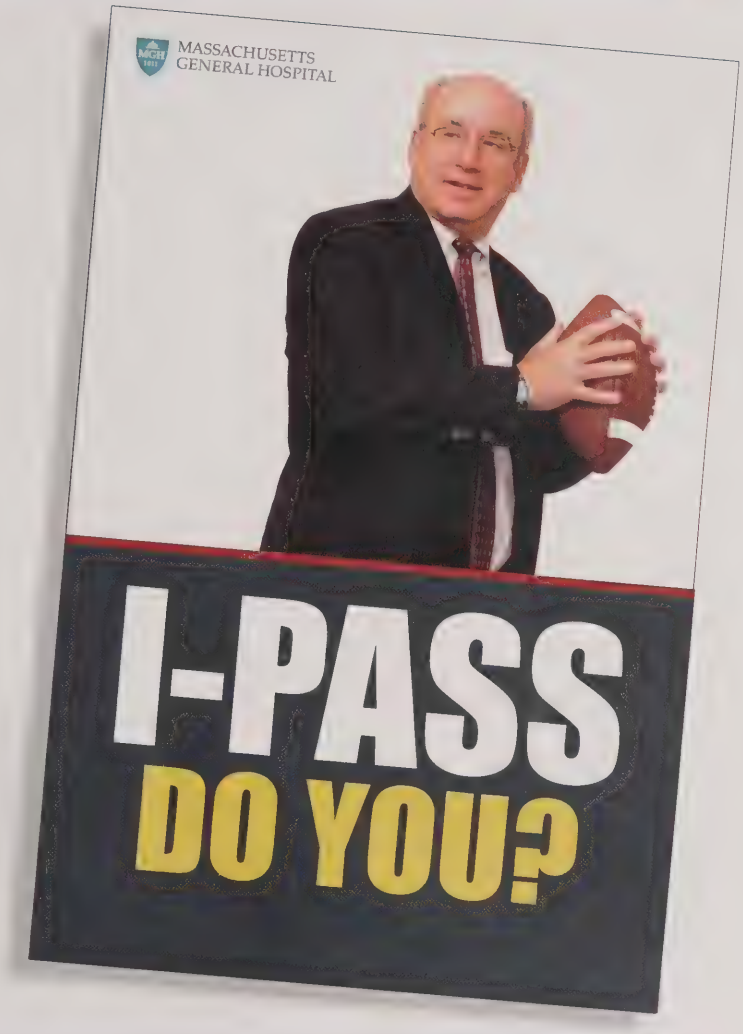
Tap to Give – Sept. 3-26
My Giving Helps introduces a new giving opportunity at Eat Street Cafe – simply tap your employee ID on the My Giving Helps badge reader at each register to make a one-time, $1 payroll contribution to the campaign.

Blue and Orange Week – Sept. 15-19
Employees wearing blue and orange that are spotted by a campaign champion will be eligible to receive prizes ranging from restaurant gift cards to movie tickets and overnight getaways.

Cupcake Sales – Sept. 22-26
My Giving Helps cupcakes will be on sale at MGH eateries with a portion of the proceeds benefiting the campaign.

MGH HOTLINE
A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL
1.13.14

Score!



AS ONE HOSPITAL SHIFT ENDS and another begins, critical patient information is transferred or handed over from one group of care providers to another. In the best scenario, these conversations cover every aspect of the patient's care plan, from critical test findings to a change in condition; but in reality handover miscommunication is a main contributing factor in medical errors.

"The volume of medical information is increasing, team-based care is expanding and work hours are more regulated, all contributing to the complexities of communication between providers," says David M. Shahian, MD, vice president of the Edward P. Lawrence Center for Quality and Safety.

Shahian serves as chair of a handover committee formed in 2013. The committee is responsible for selecting and implementing a simple, concise, systematic handover protocol, which can be standardized across the hospital.

The MGH began exploring handover communication back in 2006 when internal medicine and general surgery residents were surveyed regarding the quality and patient care implications of verbal handoffs during their most recent rotations. More than two-thirds of the residents responded, and most reported that handovers often did not include all elements essential to care for patients safely. Fifty-nine percent of respondents reported that patients had suffered major or minor harm because of problematic handoffs.

After the initial survey, many disciplines and units throughout the hospital developed their own handover policies and procedures, leading to modest improvement when the resident surveys were repeated in 2010. However, respondents again noted that many handovers failed to include all important elements. Notably, there was still no systematic, standardized, hospitalwide approach, and when a 2012 safety culture survey revealed that handovers and transitions of care received the lowest

(Continued on page 4)

MGH partners with One Fund

THE ONE FUND BOSTON, the MGH and Massachusetts Eye and Ear Infirmary (MEEI) recently announced the creation of the One Fund Center, a collaboration offering ongoing care to those affected by the often invisible, yet persistent injuries sustained during the Boston Marathon bombings. The One Fund Center will bring together resources and medical expertise from the MGH, MEEI and Spaulding Rehabilitation Hospital to coordinate personalized care and support for the injured and their families, evaluate and address the limitations created by physical injuries and invisible wounds, and work toward increasing the overall health and well-being of those affected by the tragedy.

Created with $1.5 million from the One Fund Boston, the One Fund Center will serve patients who have had difficulties with tinnitus – persistent ringing in the ears – and other hearing-related problems; mental health issues, including post-traumatic stress disorder and anxiety; and traumatic brain injury and its associated symptoms such as headache, and difficulties with cognition and balance.

"Much like veterans who can suffer adverse effects after returning from combat, many of those who were near the site of the marathon bombings continue to experience a wide range of complex issues," says John Herman, MD, associate chief of the MGH Department of Psychiatry and a member of the advisory panel for the One Fund Center. "The physical and psychological scars of such a significant and tragic event often require long-term, coordinated treatments to help alleviate the lingering debilitating effects."

MGH psychiatrist Rebecca Weintraub Brendel, MD, JD, medical director of the One Fund Center, says the center will serve as an additional resource for patients. "We recognize that the path to recovery is a collaboration involving every aspect of a patient's care and well-being.

(Continued on page 2)

Donating one tap at a time

MGH EMPLOYEES WELCOMED A NEW SEASON of giving on Sept. 3, as they gathered on the Bulfinch Patio for the launch of the 2014 My Giving Helps: The MGH Fund + United Way employee campaign. The all-day event included activities for night-shift employees and introduced Tap to Give, a new initiative making it easier than ever for employees to donate to the campaign.

The kickoff event also offered staff an opportunity to try their hand at the Operation 5,000 game boards for the first time since the competition at the June employee picnic. Former New England Patriots player and three-time Super Bowl champion Joe Andruzzi stopped by to sign autographs and take photos with employees and patients.

The Tap to Give program allows employees to make a gift by tapping their ID badges on special card readers stationed at each Eat Street Cafe register. Each tap authorizes a one-time, $1 donation from the employee's payroll account to My Giving Helps. The program will be available at the cafe and at campaign events until the end of September.

"Tap to Give is a great way to incorporate the campaign into my normal routine at the hospital," says My Giving Helps Champion Ruth Stokes, administrative support specialist in Emergency Services. "It is so easy to scan my badge as I pass through the cafeteria and it feels good to know I made a small contribution."

My Giving Helps co-chairs Joan Sapir, MGH/MGPO senior vice president, and Michael R. Jaff, DO, medical director of the MGH Fireman Vascular Center and chair of the MGH Institute for Heart, Vascular and Stroke Care, have set an ambitious goal of 5,000 employee donors for this year's campaign. The campaign set fundraising records last year with more than 4,000 employees committing over $1 million to benefit the hospital and local community.

Upcoming My Giving Helps events include Blue and Orange Week, a spirit week that takes place Sept. 15-19 and offers employees a chance to win prizes for wearing campaign colors to show their support. Nutrition and Food Services also will be selling blue and orange cupcakes during the week of Sept. 22, with proceeds benefitting the employee campaign.

CHARITABLE CONVENIENCE: My Giving Helps Champions Stokes, left, and Waveney Cole, Patient Care Services staff assistant, help Chris Tiglianidis, of Buildings and Grounds, try out Tap to Give.

— *One Fund*

(Continued from page 1)

It is our hope – and ultimate goal – to offer as many options as possible for survivors to successfully manage and recover from the lasting effects of this tragedy."

In coordination with MEEI, care for hearing loss and tinnitus will involve medical evaluation, state-of-the-art testing, acupuncture and stress management techniques. The MGH will respond to ongoing mental health needs and, in conjunction with Spaulding, offer support and services to those suffering from traumatic brain injury.

The One Fund Center also will collaborate with the MGH Benson-Henry Institute for Mind-Body Medicine to help patients learn relaxation response elicitation techniques, stress awareness and coping strategies and will draw upon the expertise and experience of the Red Sox Foundation and MGH Home Base Program.

For more information about the One Fund Center, contact One Fund Boston at 855-617-FUND.

Marking PAD awareness month

EXPERIENCING PAIN OR CRAMPS in the legs and feet? These symptoms may be signs of peripheral artery disease (PAD). This condition, affecting nearly 10 million Americans, occurs when leg arteries become narrowed or blocked by plaque, a condition that raises the risk of heart attack, stroke, leg amputation and death. September is PAD awareness month, and in recognition Michael R. Jaff, DO, medical director of the MGH Fireman Vascular Center and chair of the MGH Institute for Heart, Vascular and Stroke Care, addresses some questions about the disease.

JAFF

Q. What is peripheral artery disease?

A. PAD is a circulatory problem that causes blockage in the arteries of the limbs. It can build up over a lifetime, and the symptoms may not become obvious until later in life.

Q. What are the warning symptoms of peripheral artery disease?

A. The first noticeable symptom of PAD may be a painful cramping in the calf, thigh or buttocks occurring regularly when an individual walks or moves, but going away when at rest. Other symptoms include burning or aching pain in the feet and toes – especially lying flat – and toe and foot sores that do not heal promptly on their own

Q. What do people need to know about PAD?

A. Not only does PAD limit the ability to walk, but it also increases the risk of amputation. PAD patients have an increased risk of heart attack, stroke or of premature death from heart and blood-vessel related causes.

Q. Who is at risk?

A. Smokers and those with diabetes, kidney disease, high blood pressure or high cholesterol should talk to their doctor about PAD. It is important to work with a doctor to manage these risk factors.

Q. What is the best treatment for PAD?

A. The best treatment is prevention. Take control of diabetes, high cholesterol, high blood pressure and – most importantly – stop smoking. Something as simple as participating in a regular walking program can tackle the majority of risk factors and even improve walking ability.

Q. Why is it important to have a PAD awareness month?

A. This is the least recognized existing artery problem. Too many patients believe their walking limitations are just due to age or being out of shape. If people are not aware of PAD and its symptoms, their risk of heart attack, stroke or premature death increases dramatically. ■

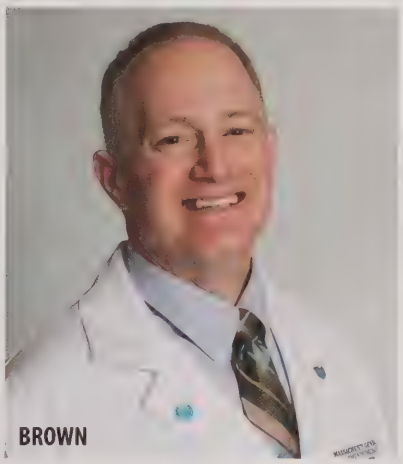
Emergency Medicine recognized as HMS academic department

FOR SEVERAL YEARS, chairs of Emergency Medicine at hospitals affiliated with Harvard Medical School (HMS) have been making a compelling case that their speciality should be identified as a distinct HMS academic department. At the MGH, Emergency Medicine was recognized as a full department in 1988; however until this year, it was a free standing division at HMS without appointing privileges. That will all change soon. Jeffrey S. Flier, MD, dean of the Faculty of Medicine at HMS, announced in August, that after an in-depth review, HMS will establish a new academic Department of Emergency Medicine effective Oct. 1.

"The formation of the new HMS Department of Emergency Medicine is a landmark achievement for all of us on the faculty, HMS and the specialty of emergency medicine," says David Brown, MD, chair of MGH Emergency Medicine.

There are more than 50 Emergency Medicine faculty members working at the MGH. With the formation of this new HMS department, these faculty members – currently appointed academically at HMS in the Departments of Surgery, Pediatrics or Medicine – will move their primary HMS appointment to the Department of Emergency Medicine.

Brown will serve as the MGH appointing chair, along with Richard Wolfe, MD, chair of Emergency Medicine at Beth Israel Deaconess Medical Center, and Ron Walls, MD, chair of Emergency Medicine at Brigham and Women's Hospital. These three will work together on the newly created HMS Emergency Medicine Executive Committee.



BROWN

"This is the result of years of tireless advocacy and collaboration between the leaders of Emergency Medicine at all the HMS-affiliated hospitals," says Brown. "This decision will be heard and hailed far beyond the walls of HMS as another major step forward for the specialty of emergency medicine." ■

Run of Hope raises awareness and funds for pediatric cancer

NEARLY 500 RUNNERS AND WALKERS participated in the 27th annual Run of Hope, hosted by the Four Seasons Hotel Boston to benefit the Pediatric Hematology-Oncology Program at MassGeneral Hospital *for* Children (MGH*f*C). The Sept. 7 event featured a 5k-run, 2k-walk and 50-yard "fun run" for kids along the Charles River Esplanade.

Following the race, participants and volunteers were treated to one-of-a-kind raffle prizes, kids' activities and a gourmet pancake breakfast prepared by Four Seasons chefs. The race's top runners and fundraisers were rewarded with trips to Four Seasons properties worldwide at an awards ceremony hosted by WCVB-TV's Shayna Seymour.

This year's event marked the 11th consecutive year that the Four Seasons has partnered with MGH*f*C to put a spotlight on pediatric cancer – an event that Howard Weinstein, MD, chief of Pediatric Hematology-Oncology at MGH*f*C, describes as "a marriage between the world's best hotel and the world's best hospital."

RACING FOR A CURE: Runners are cheered on at the finish line.

This year's Run of Hope raised nearly $110,000 for programs that help support pediatric cancer patients and their families, including the Katherine A. Gallagher Integrative Therapies Program and the long-term follow-up clinic for survivors of childhood cancers.

"We are delighted to have hosted this annual event for nearly 30 years and proud to support the important work done by Dr. Howard Weinstein and his remarkable team at MGH*f*C," said Bill Taylor, regional vice president and general manager of the Four Seasons.

To date, the Run of Hope Boston has raised $1 million to support the Pediatric Hematology-Oncology Program. The race is part of the Four Seasons Hotels and Resorts company-wide philanthropic efforts toward bringing an end to cancer.

To learn more about the Run of Hope or to make a donation, visit the official website at *www.runofhope.org*.

Announcements available online
To read this week's "What's Happening" items, visit *http://intranet.massgeneral.org*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

— *I-PASS*

(continued from page 1)

score among all safety domains at the MGH, Shahian says, it was clear action had to be taken.

After reviewing existing MGH handover policies and procedures, the committee explored programs that had been used in other health care settings across the U.S. I-PASS, a new handover system developed at Boston Children's Hospital, was gaining traction. The mnemonic tool incorporates five specific handover elements: **I**llness Severity, **P**atient Summary, **A**ction List, **S**ituational Awareness and Contingency Planning and **S**ynthesis.

"Compared with typical handovers, I-PASS is more structured and systematic," says Shahian. The person giving the handover must be well-prepared in order to give a concise presentation leading to better information transfer and greater efficiency. Contingency plans are explicitly discussed, and the receiver of the handover must 'read back' what was heard. This requires an active, engaged listener and also provides an opportunity to synthesize the facts of the case differently, which leads to constructive discussion with the previous caregiver."

I-PASS is more than just a mnemonic device; it is a handoff bundle that incorporates team training, didactic lectures, simulations, observation, attention to the handover environment, culture change and written handover materials. All MGH staff who provide direct patient care will be involved in the implementation, which is expected to run through the end of the year.

"After caregivers become accustomed to using I-PASS, both the content and efficiency of important communications among all staff should improve, resulting in enhanced quality and safety for our patients and higher staff satisfaction," says Shahian.

Pilot studies are already underway on White 9 and Ellison 19, along with training sessions led by I-PASS developers. Incoming interns and residents will receive training as part of their MGH orientation. An extensive educational program for Nursing has been developed under the leadership of Gino Chisari, RN, director of the Norman Knight Nursing Center, and Gaurdia Banister, RN, PhD, FAAN, executive director of the Institute for Patient Care.

I-PASS training

The following I-PASS training sessions will take place in the Thier Conference Room:

Sept. 15 – 8 to 10 am
Oct. 16 – 2:30 to 5 pm
Nov. 18 – 3 to 5:30 pm
Dec. 9 – 3 to 5:30 pm

To register, visit *https://limesurvey.partners.org/limesurvey/index.php/295172/lang-en*

"Nursing staff on the pilot units have said that using I-PASS for end-of-shift reports is more efficient and saves time," says Chisari.

Adds Jennifer Mills, RN, nursing director on White 11, "So far the I-PASS implementation has gone very well. Our staff has decided to handover at the patient bedside when appropriate, which has been a patient satisfier, and staff feel like they are able to leave work on time, which has been a nice staff satisfier."

For more information about I-PASS, contact Linda Devaux in the Center for Quality and Safety, 617-726-9282. ■

The pursuit of knowledge

IN HER ESSAY for the Association of Multicultural Members of Partners (AMMP) scholarship program, Rozanna Riley, a patient care associate on Ellison 19, wrote, "Is there ever going to be a light at the end of the tunnel?"

With a full-time job at the MGH and two young children, the idea of going back to school seemed daunting, but her dedication and hard work paid off. Now pursuing her nursing degree at Northeastern University, Riley was honored during the 2014 AMMP Scholarship Awards Ceremony Sept. 4, along with fellow recipients Thaisha Guerrier, Tirza Martinez, Abdul Musanur, Jennifer Nunes, Karima Ricketts and Sandra Thomas.

"I commend you for using this opportunity to continue your education and pursue learning," says Dianne Austin, AMMP chair, and workplace diversity program manager, who welcomed guests to the East Garden Room event. "Expanding on knowledge is an important pursuit, and we salute your efforts."

Jeff Davis, senior vice president of Human Resources, congratulated the scholarship recipients, noting the value of a degree, "The more education you have the more employable you are and the more job security you have."

AMMP is an organization committed to the advancement, retention, recruitment and development of multicultural professionals into leadership roles across the MGH and Partners. Among its many programs, AMMP offers scholarships to help members pursue education and training. The scholarship provides an opportunity for Abdul Musanur, a distribution handler in MGH Materials Management, to attend Cambridge College. He hopes to graduate before the end of the year.

"I am happy and grateful to be here today," said Musanur. "I encourage everyone to take advantage of education."

09.19.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

WORK OF ART: Stoeckle with his recently unveiled portrait

A brush with history

WHEN AN ARTIST PAINTS A PORTRAIT, a story is created. Every item surrounding the subject becomes a part of that story – all with the stroke of a brush.

"The story of John Stoeckle is academic medicine," said John Goodson, MD, of MGH Internal Medicine Associates and Stoeckle Center advisory board chair. "John was a 24/7 guy, a clinical scholar working at night on ideas he articulated and influenced powerfully in his work."

Goodson, along with colleagues and friends, crowded into the John D. Stoeckle, MD, Conference Room on Sept. 11 to celebrate the unveiling of Stoeckle's portrait and the conference room named in his honor.

"When I began working at the MGH in 1983, someone suggested I should sit in with John Stoeckle," said Michael Barry, MD, of the MGH Department of Medicine. "Never before or since, have I met anyone so focused on the patient agenda."

The real story of John Stoeckle, MD, of MGH's John D. Stoeckle Center for Primary Care Innovation, began in a small town in Michigan where he was inspired by his older brother to pursue medicine. Although the road to become a doctor was paved with good intentions, the world was at war and Stoeckle's journey was not a smooth, straight line. He attended Oberlin and Antioch colleges in Ohio, joined the Naval Reserve, and in a cooperative program, spent time at the University of Chicago, where he took courses to complete the necessary requirements to apply to medical school. In 1944, he was accepted into Harvard Medical School, which was at the time a three-year, year-round program.

(Continued on page 4)

MAO awards highlight advancement

IN 1991 ARTURO SAAVEDRA, MD, PHD, first arrived at the MGH – young and full of wonder – as one of the first participants in the Multicultural Affairs Office (MAO) summer research trainee program. He made his way to his assigned lab thinking he might be interested in medicine but had no idea what lay ahead.

Twenty-three years later after completing two degrees, Saavedra is medical director of the MGH Medical Dermatology Unit and one of four faculty members honored with the 2014 MAO Faculty Development Award.

"This award allows me to continue what I'm doing and reinforces that the hospital is committed to career development," said Saavedra, who received a Clinician-Teacher Award that will fund his project, "Evaluating the Effect of Isotretinoin in T-regulatory Cell Function in Adverse Cutaneous Drug Eruptions."

The MAO Award program supports research, education and clinical

(Continued on page 2)

BREAKING NEW GROUND: From left, Choice, Saavedra, Makadzange and Ahonkhai

IN MEMORIAM

Kenneth D. Bloch, MD

NEARLY EVERY MORNING before the rising light, Kenneth D. Bloch, MD, was the first one to arrive at his lab at the MGH. It was home. It was where he could be found each day – including Saturday and Sunday – often whistling unknown tunes while he worked. Friends called him the pied piper of scientists, always with a flock of young students and physician/scientists to whom he devoted hours, patiently guiding and counseling each day.

"He spent untold hours correcting their papers, and I can tell you it was not just theirs," says close friend and colleague Warren Zapol, MD, director of the Anesthesia Center for Critical Care Research and former anesthetist-in-chief. "I would send Ken what I considered to be a just about perfect draft, and shortly after I would get it back with 100 to 200 red editorial balloon comments."

Bloch, a cardiologist in the Department of Medicine – described by colleagues as a brilliant, unflappable researcher, physician and mentor, who possessed equanimity in the face of any stress – died on September 13 at the age of 58.

"He brightened our lives with his wisdom, his amazing grasp of science, his carefully articulated insights and opinions, his dry wit and his remarkable way of helping us express ourselves," says Zapol.

"Ken's first priorities were the science, and the development of those around him," says Marc Semigran, MD, director of the MGH Heart Failure/Cardiac Transplant Program in the Institute for Heart, Vascular and Stroke Care. "He was always available to plan experiments, review grants and manuscripts, and discuss the best way to present your work."

MGH cardiologist Rajeev Malhotra, MD, was an intern when he met Bloch and later worked in his lab. Malhotra quickly came to appreciate the respect and trust Bloch received not only from his patients but also his peers.

"I learned an immense amount of clinical knowledge from Ken but also witnessed his passion for studying molecular biology and pursuing investigation of cardiovascular disease mechanisms," says Malhotra. "Even on the wards, Ken always had a way of weaving the conversation back towards bench science."

Bloch was born in New York City on May 17, 1956, and raised in Brookline, Mass. After receiving his undergraduate and medical degrees from Brown University in 1978 and 1981, he began his career as a medical resident at the MGH, followed by a cardiology fellowship and then a position on the division staff in 1990. Two years later, he became an investigator in the Cardiovascular Research Center. His longstanding collaboration with Zapol led to a joint appointment with the Department of Anesthesia and receipt of the Harvard Medical School (HMS) William T. G. Morton Professorship in 2007.

BLOCH

For Bloch, medicine was more than just a way to make a living. His idea of a sabbatical was to spend six months, seven days per week in his own lab. It was there he spent his happiest hours studying three cell signaling molecules important to regulating the cardiovascular system: atrial natriuretic peptide (ANP), nitric oxide (NO), and the bone morphogenetic proteins (BMPs).

At the beginning of his research career, Bloch discovered the mechanisms of action and regulation of ANP, a hormone essential for optimizing cardiac function and maintaining blood pressure in humans. Later, he went on to identify one of the genes responsible for NO synthesis and characterized in patients at MGH the important functions of NO in regulating blood vessel constriction and cardiac function. Bloch was central to many of the human trials of inhaled NO in babies and adults with heart and lung disease at MGH.

More recently, he developed novel small molecule inhibitors of the BMPs, a critical family of proteins involved in human diseases, including pulmonary hypertension, atherosclerosis and anemia.

"Having had the extraordinary opportunity to work with Ken for 12 years, I am pretty sure that the best way we can honor his memory as scientists is to keep doing great science and to look out for each other," says Emmanuel Buys, PhD, of the Department of Anesthesia, Critical Care and Pain Medicine.

Despite receiving many awards and accolades throughout his remarkable career, Bloch tended to downplay his impact on research and teaching.

"Ken was a private person," says Fumito Ichinose, MD, of Anesthesia, Critical Care and Pain Medicine. "He never talked about himself – all he ever talked about was science. He could talk research like others talk about a last-second touchdown pass by Tom Brady."

A funeral service has been held for Bloch, who in addition to his father Kurt and brother Donald, both longtime MGH physicians, leaves his mother Margot, niece Emily and nephew Sam.

— *Awards*

(Continued from page 1)

innovation, along with community and global health projects of faculty underrepresented in medicine. Funded by the Executive Committee on Research, the Mass General Physicians Organization and the President's Office, each award consists of $120,000 over the course of four years.

The Sept. 10 event, at the Paul S. Russell, MD Museum of Medical History and Innovation, also welcomed new medical students, trainees and faculty. During the celebration, Elena Olson, MAO executive director, honored award recipients.

"Over the past 11 years, we have sponsored 33 awards and have committed over $4.4 million of funding, with a huge return on investment and impact on the recipients' careers," said Olson. "We have seen advancements in academic promotions, administrative leadership positions and increases in federally funded grants, publications, and implementation of new education and community programs."

Aimalohi Ahonkhai, MD, of the MGH Division of Infectious Disease, who received a Physician/Scientist Award, to fund her project, "Understanding Health Systems and Patient-Level Predictors of Unplanned Care Interruption and Loss to Follow-Up from HIV Care in Nigeria."

"I am grateful for this award," said Ahonkhai. "Thanks to the guidance of the MGH community, I am truly able to stand on the shoulders of giants."

Other recipients included child psychiatrist Tanishia Choice, MD, who received a Clinician-Teacher Award, recognized for her project, "A New Curriculum for Enhancing Pediatric Mental Health Treatment in Primary Care Settings," and Azure Tariro Makadzange, MD, PhD, in the Division of Infectious Disease and Ragon Institute, who received a Physician/Scientist Award for "Immunopathogenis of Crytococcal Reactivation in HIV Infection."

For more information about current and past award winners, visit *www.massgeneral.org/mao*.

Wilhelm named chief of Psychology

WILHELM

THE MGH DEPARTMENT OF PSYCHIATRY recently named Sabine Wilhelm, PhD, chief of Psychology. In this role, Wilhelm will oversee Psychology operations, liaison with the MGH and Psychiatry leadership and further the ongoing reputation of the department through national and global channels.

"Sabine is an extraordinary quadruple threat," says Jerrold F. Rosenbaum, MD, chief of the MGH Department of Psychiatry. "She has built and administers a large and successful clinical and research program, is acknowledged as a master teacher and mentor, is very well funded in challenging times, and is a clinical expert, but most of all she is a talented and committed team player."

Wilhelm joined the Psychiatry Department as an intern in clinical psychology in July 1995, becoming director of the Cognitive Behavioral Therapy (CBT) Program in 2005 and of the OCD and Related Disorders Program in 2007. After her recent promotion, she stepped down from her leadership role within CBT but continues to run the multidisciplinary OCD program, which has 36 members including psychiatrists, psychologists, statisticians, fellows and research assistants.

She has also supervised the research and clinical work of 37 psychologists both inside and outside of the MGH. Wilhelm's research focuses on the development, testing and dissemination of treatments for obsessive-compulsive spectrum disorders. She has been the principal investigator or site principal investigator of seven NIMH-funded research grants and several foundation grants. Additionally, her research has appeared in more than 170 publications and six books focusing on the cognitive functioning, prevalence and treatment outcome of these disorders.

"Psychology at the MGH has many strengths, and I look forward to forging – and surpassing – new objectives and goals for this very talented group," says Wilhelm. "I am truly humbled by the trust that leadership has placed in me."

Wilhelm succeeds Dennis Norman, EdD, who stepped down after 25 years of service to focus his efforts on the Harvard University Native American Program where he has served as faculty chair since 2005.

CARING CONTRIBUTORS: From left, Sandy Muse, RN, Michelle Anastasi, RN, and Mary McAuley, RN, all nursing directors in Patient Care Services, enjoy the annual appreciation luncheon for managers and supervisors under the Bulfinch Tent. The Sept. 10 luncheon, prepared by MGH Catering, is held every fall in conjunction with a leadership meeting to thank managers and supervisors for their contributions to the MGH mission.

Color MGH happy

A NEW HUE decorated the MGH this week as employees donned blue and orange in celebration of the 2014 My Giving Helps: The MGH Fund + United Way employee campaign.

Blue and Orange Week, an annual spirit week that takes place during the month-long campaign, is an opportunity for employees to show off their campaign pride and creativity. Employees wearing campaign colors who are spotted by a My Giving Helps champion are eligible to win prizes such as restaurant gift cards and tickets to local events and entertainment.

As in past years, there was no lack of creativity during Blue and Orange Week. Colorful scrubs, sneakers and jewelry were a common sight around campus, and some especially creative employees also donned bright shades of makeup, hair accessories and nail polish.

"Blue and Orange Week is a fun opportunity to change up my wardrobe for a good cause," says Karima Ricketts, office supervisor at the Center for Integrated Diagnostics.

PUT A STICKER ON IT: Ina Drouin, MGH Fund director of leadership giving, left, helps an employee apply a donor recognition sticker to her badge.

The annual My Giving Helps employee campaign raises support for Mass General and United Way. Donations to the MGH Fund benefit a wide range of areas at the hospital, including research, clinical innovations and employee programs. Gifts to United Way support the organization's 170 different partner organizations providing services to thousands of local residents.

This fall, My Giving Helps introduced Tap to Give, an easy way for employees to make a campaign contribution by scanning their badge at special card readers stationed at Eat Street Café registers. Each tap represents a one-time, $1 payroll contribution. Tap to Give will continue through the end of this year's campaign. Participating employees will be entered into a special prize drawing. During the week of September 15, donors will be eligible to win lift tickets to Wachusett Mountain, and during the week of September 22 can win an overnight stay and breakfast at the Westin Boston Waterfront.

My Giving Helps co-chairs have set a goal of 5,000 employee donors in 2014. Employees can make a one-time gift or enroll in a payroll deduction pledge by visiting *www.mygivinghelps.org.*

09.19.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" news, go to [illegible]

Submit news tips and story ideas to *MGH Hotline*

EDITOR
[illegible]
617-726-0975

ASSISTANT EDITOR
[illegible]
617-724-1751

EMAIL
[illegible]

MAIL
Public Affairs Office
[illegible]
Suite 810
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office

Printed by MGH Printography unless otherwise noted

MGH Hotline is printed on recycled paper

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

OOEY GOOEY GOODNESS: On Sept. 11, the MassGeneral Hospital *for* Children (MGH*f*C) Pediatric Hematology-Oncology Clinic on Yawkey 8 was transformed into a slime fest. As part of a series of activities celebrating National Childhood Cancer Awareness Month, patients Taliyah Sweeting, 7, and David Badaro, 11, poured gooey slime on MGH*f*C child life specialists Caroline Armington and Heather Peach. Before the slime toss, kids learned how to make their own slime to take home. The event was hosted by The Hole in the Wall Gang Camp Hospital Outreach Program, which visits hospitals throughout New England to brighten the days of pediatric patients.

— *Brush with history*

(Continued from page 1)

When released by the Naval Reserve in 1945, Stoeckle worked at the Massachusetts Mental Hospital in exchange for free room and board – a full-time student by day and a watch-keeper by night. In 1946, he was diagnosed with tuberculosis, spent a year at Trudeau Sanatorium in upstate New York, and in 1948 began residency training at the MGH. When the Korean War began, the navy would not accept Stoeckle because of his bout with tuberculosis, but the army would. Yet as fate would have it, Stoeckle never went to war; he was asked to serve on a Pentagon panel regarding the medical effects of atomic bomb exposure.

In the early 1950s, he returned to the MGH and became head of the medical outpatient clinic, where he introduced a new model for outpatient care, based on the experiences of physicians who had gone to war.

"These wartime medical doctors had observed psychiatrists dealing with the wounded and rehabilitating them in ways they never did in their own practice," said Stoeckle. "We took their advice and taught students how to listen. And along with a psychiatric staff, we instructed them on non directive interviewing to elicit the emotional distress of medical patients."

In the 1960s and 70s, the medical clinic under Stoeckle was converted into a teaching group practice holding a residency training program in primary care management. This was a major change in the organization of practice at the MGH.

Stoeckle's story is reflected in his portrait where he is surrounded by relics from the past – a spiral notebook, a rolodex and piles of books – revealing a man who colleagues say never signed out.

"I am inspired by how people get through illness and the stress of their lives," said Stoeckle. "It's moving what patients go through. You can't help but end up with a sense of admiration and inspiration." ■

Flu shots on the fly

PEAK FLU SEASON is months away but it's never too late to get a jump-start on prevention. The Centers for Disease Control and Prevention recommends an annual flu shot for everyone over the age of 6 months. To protect staff and patients, the MGH is offering a number of free flu clinics.

"The expectation is that all employees, except those that have medical conditions that rule it out, will receive the flu vaccine this season," says Andrew Gottlieb, NP, FNP-BC, director of MGH Occupational Health Services. "Flu vaccine remains the most effective way to prevent the flu in those receiving the vaccine and those around them."

The first clinic will be held Sept. 22 through Sept. 26 under the Bulfinch Tent from noon to 5 pm. Staff should remember to bring their ID badges and wear clothing that easily rolls up to the top of the arm. New stickers for IDs indicating who has been vaccinated will be distributed to replace last year's green stickers.

Employee vaccination clinics at satellite locations are listed below.

Somerville
Oct. 7, 9 to 11 am

Medford Registration & Referral Center
Oct. 9, 1 to 3:30 pm

101 Merrimac Street, 4th Floor conference room
Oct. 9, 11 am to1 pm

Charlestown Navy Yard (CNY), Building 149
Oct. 8, 7 am to 3:30 pm
Oct. 21, 8 am to 12:30 pm

Schrafft's, 5th Floor Assembly rooms A,B,C
Oct. 16, 8 am to 1 pm

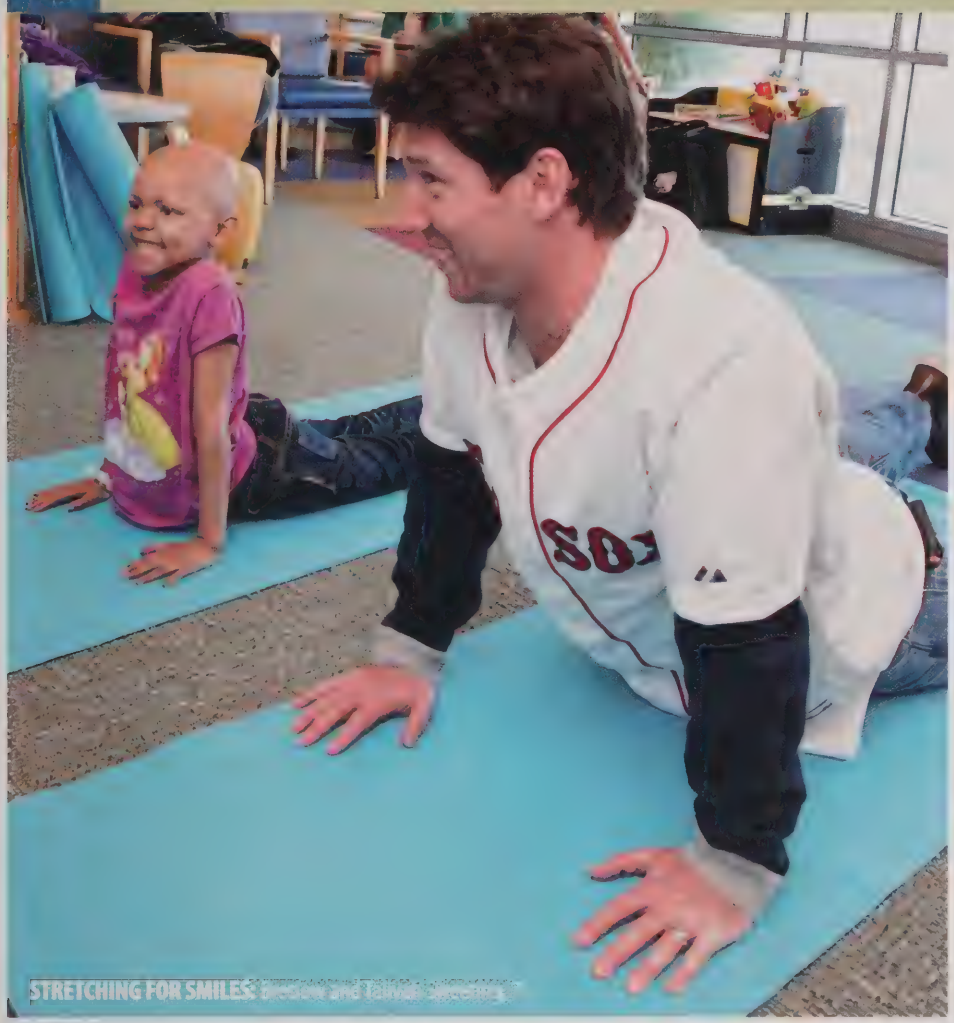
Danvers
Oct. 22, 10 am to 2 pm

Employees may also visit MGH Occupational Health Services located at 165 Charles River Plaza, suite 404, or call 617-726-2217 to schedule an appointment.

09.26.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



STRETCHING FOR SMILES: Breslow and Tahnai Sweeney

A pitcher's promise

RED SOX PITCHER Craig Breslow walked off the baseball field and into patient rooms at MassGeneral Hospital *for* Children Sept. 15. A member of the 2013 World Series Champion team, Breslow spent the afternoon in the Pediatric Hematology-Oncology Clinic on Yawkey 8 handing out Red Sox souvenirs, talking with kids and their parents and signing autographs. He and his wife, Kelly Breslow, also participated in a yoga class with patients.

"It was an incredible experience to visit such a state-of-the-art-facility as MGH, speak with Dr. Howard Weinstein (chief of Pediatric Hematology-Oncology) and of course meet the children receiving treatment," said Breslow. "My wife and I are so humbled to have met such inspiring and strong kids."

Breslow is the founder of the Strike 3 Foundation, a charitable agency that increases awareness, mobilizes support and raises funds for childhood cancer research. His visit was part of a series of events celebrating National Childhood Cancer Awareness Month. ■

Understanding enterovirus D68

ENTEROVIRUSES ARE RELATIVELY COMMON; however, a particular strain – enterovirus D68 (EV-D68) – is sweeping the country, leaving sick children and concerned parents in its wake. The virus has been confirmed in Massachusetts; however at press time no cases have been reported at the MGH. David C. Hooper, MD, chief of the MGH Infection Control Unit, explains this respiratory virus.

What is EV-D68?

EV-D68 is one of a larger group of 100 or more enteroviruses. It is related to rhinoviruses, which cause colds. EV-D68 was first identified in 1962 but was seldom recognized as causing illness. However, in August hospitals in the Midwest began seeing an increased number of pediatric patients with severe respiratory illnesses, some associated with worsening asthma exacerbations. These cases were severe enough that a number of patients needed to be admitted – some to intensive care units. Subsequent testing identified EV-D68 as the virus causing this outbreak.

What are the symptoms?

Symptoms include runny nose, sneezing, coughing and – in severe cases – difficulty breathing and/or wheezing. The full range of symptoms is not yet known. Although fever can be part of the symptoms, in a substantial number of the patients fever has been absent.

HOOPER

Why can't hospitals test for EV-D68?

Most clinical laboratories do not test for specific strains of enteroviruses. The specialty testing currently needed to identify it is being conducted by the Centers for Disease Control and Prevention (CDC). That said, the Massachusetts state lab and some commercial labs can test for enteroviruses without identifying the specific strain. If this test is positive then the sample can be sent to the CDC to determine if the strain is D68.

(Continued on page 4)

Fireman Vascular Center established, Jaff named Chair in Vascular Medicine

THE MGH COMMUNITY had two reasons to celebrate on Sept. 22 – the establishment of the Fireman Vascular Center and the creation of the Paul and Phyllis Fireman Chair in Vascular Medicine. During the ceremony, Michael R. Jaff, DO, medical director of the MGH Fireman Vascular Center and chair of the Institute for Heart, Vascular and Stroke Care, was honored as the inaugural incumbent of the newly established chair.

The gift was an expression of gratitude for the care Paul Fireman received over the years as an MGH patient under Jaff's care. The Firemans are longtime supporters of key patient care facilities and programs at the MGH, including, most recently, the Lunder building and education training programs within the Division of Cardiology.

GRATITUDE TIMES TWO: Slavin, Armstrong, Phyllis and Paul Fireman, and Jaff

"We are fortunate to have Dr. Jaff at the helm of the Vascular Center and the Institute," said MGH president Peter L. Slavin, MD, who welcomed guests. "Even at the MGH, which is full of some of the world's best physician-scientists, Dr. Jaff stands out. Not only is he a pioneer in his field, he continually seeks innovative ways to change the practice of vascular medicine to define new standards of care."

Jaff has devoted much of his career to vascular medicine. In addition to his duties as the chair of the Institute and medical director of the Vascular Center, Jaff founded and continues to run the Vascular Ultrasound Core Laboratory – the largest of its kind – participating in trial design and independent analysis of vascular laboratory images for more than 160 prospective multicenter trials in more than 60 countries.

Jaff has received numerous awards and honors in the field of vascular medicine and is the past president of the Society for Vascular Medicine and Biology where he received the first designation as Master of the Society. He is a Fellow of the American College of Physicians, American College of Cardiology, the American Heart Association, the Society for Cardiovascular Angiography and Intervention and is registered in vascular interpretation.

"The future of care for complex patients with heart and blood vessel disease starts and ends with collaboration among experts to provide the most effective and efficient outcomes," said Jaff. "This extraordinary gift to the MGH Vascular Center will allow us to expand our integrated, patient-focused care programs. I am honored and humbled to work with the Fireman family to touch the lives of countless patients in this incredible institution."

The event, held in the Trustees Room, also included remarks from Katrina Armstrong, MD, MSCE, physician-in-chief of the MGH Department of Medicine, and Paul Fireman. ■

Januzzi first incumbent of Hutter Family Professorship

JAMES JANUZZI, MD, director of the MGH Cardiac Intensive Care Unit, was honored Sept. 8 in a ceremony at Harvard Medical School (HMS) as the first incumbent of the Hutter Family Professorship in Medicine in the Field of Cardiology. The professorship was established with a gift from Arthur and Sandra Irving through the Arthur L. Irving Family Foundation in honor of Adolph Hutter, MD, director of the MGH Cardiac Performance Program, to recognize and thank Hutter for the excellent cardiac care Arthur Irving has received at the MGH.

"As Robert Service, Arthur Irving's favorite poet said, 'Now a promise made is a debt unpaid,'" said Hutter. "I promise you, Arthur, that our debt to you will be paid many times over by the productivity that you will have enabled by this professorship."

Nancy Tarbell, MD, HMS dean for Academic and Clinical Affairs, hosted the event, which featured remarks by Tarbell; Peter L. Slavin, MD, MGH president; Katrina Armstrong, MD, MSCE, physician-in-chief of the MGH Department of Medicine; Hutter; Januzzi; and Irving.

"This professorship is a great honor to Adolph and is a fitting tribute to a superb physician and teacher," said Slavin. "I can think of no one more deserving to be the first incumbent for the Hutter Family Professorship than Jim Januzzi, who has devoted more than 20 years of his career to caring for patients with some of the most serious heart conditions."

Januzzi has been a member of the MGH Cardiology Division since 2000. An active clinician, Januzzi has a large practice focused on heart failure as well as coronary artery disease. An internationally recognized teacher and researcher, he also has mentored and inspired many young cardiologists. As a scientist, he is an international leader in the development and use of biomarkers to diagnose and treat several forms of heart disease, including heart failure. He has published more than 400 manuscripts, edited three textbooks, participated in numerous guidelines committees and serves as an associate editor for the *Journal of the American College of Cardiology: Heart Failure*. He also has served as the cardiology consultant to the Boston Red Sox since 2005.

"It is an exceptional honor to be recognized as the inaugural incumbent of the Hutter Family Professorship," said Januzzi. "Dr. Hutter is a giant among cardiologists, a true role model and someone who has had a truly major impact on my career. Words cannot express how grateful I am to have been selected for this title."

Upon Hutter's retirement, the professorship will be renamed the Adolph M. Hutter Jr. Professorship in Medicine in the Field of Cardiology.

FROM THE HEART: From left, Januzzi; Hutter's wife, Sylvia; the Irving's daughter, Sarah; Arthur Irving; Hutter; and Sandra Irving

Home Base hosts tour

THE MOST SENIOR ENLISTED MEMBER of the U.S. Army visited the Red Sox Foundation and MGH Home Base Program on Sept. 12. Sgt. Maj. Raymond F. Chandler III toured the MGH Home Base clinic and Spaulding Rehabilitation Hospital to learn more about the program's comprehensive mission to heal the invisible wounds of war for post-9/11 veterans and their families. While on campus, Chandler met with clinicians and took part in a virtual reality exposure therapy demonstration. The MGH Home Base Program is the only veteran treatment program in New England to offer virtual reality as part of prolonged exposure therapy for veterans suffering from post-traumatic stress.

MILITARY VISIT: Chandler, third from left, with Home Base staff members

A vision for gender equity

INSIGHTS AND INNOVATIONS: Reshma Jagsi, MD, DPhil, of the University of Michigan and formerly of the MGH, was the keynote speaker at the annual Women in Medicine Month Reception hosted by the MGH Center for Faculty Development's Office for Women's Careers. The Sept. 18 event held in the Their Conference Room was attended by more than 80 MGH faculty, fellows and administrators. MGH President Peter L. Slavin, MD, offered opening remarks and words of appreciation and recognition to women faculty, including the seven MGHers promoted to full professor at Harvard Medical School in the past year, as well as newly promoted associate and assistant professors and the 2014 recipients of the Claflin Distinguished Scholar Awards. Jagsi's presentation included recent evidence regarding challenges faced by women pursuing careers in academic medicine and innovative, evidence-based approaches to promote gender equity and success in women's careers.

Sweet twist

THE 2014 MY GIVING HELPS: THE MGH FUND + UNITED WAY employee campaign celebrated the final week of its annual fundraising efforts. The campaign ended with a special weeklong sale of blue and orange cupcakes made by Nutrition and Food Services and sold at eateries around campus. In a sweet twist, proceeds from the cupcake sales benefitted the campaign.

"Nutrition and Food Services is proud to partner with My Giving Helps to make the campaign accessible for employees across campus," says Joan Shea, assistant director, Retail Operation and New Business Development for Nutrition and Food Services. "Eat Street Café and the other MGH eateries play a role in the daily routines of thousands of employees. We have a unique opportunity to help spread an important message and allow employees to participate in the campaign."

Nutrition and Food Services also partnered with My Giving Helps to introduce the new "Tap to Give" initiative at Eat Street Café this year. The program offers employees an easy way to donate to My Giving Helps with just a tap of their badge.

"We have featured special baked goods to benefit My Giving Helps for a number of years now, and were excited to expand our role in the campaign by introducing Tap to Give," says Shea.

My Giving Helps co-chairs Joan Sapir, MGH/MGPO senior vice president, and Michael R. Jaff, DO, medical director of the MGH Fireman Vascular Center and chair of the Institute for Heart, Vascular and Stroke Care, extended a special offer to employees during the last week of the campaign with a Tap to Give matching challenge. Sapir and Jaff offered to match all Tap to Give donations dollar-for-dollar from Sept. 21-27.

BAKED GOODS BENEFIT: Eat Street Café and other MGH eateries offered festive blue and orange cupcakes to benefit the 2014 My Giving Helps campaign.

The matching challenge, along with a drawing open to all employees and Tap to Give donors, helped drive participation rates during the final week of the campaign. Although contributions to the campaign are accepted year-round and final results for the 2014 My Giving Helps campaign will not be available until early next year, preliminary results will be announced later this fall. The campaign aims to engage 5,000 employee donors this year, an increase of 25 percent over 2013.

For more information on the campaign or to make a donation, visit *www.mygivinghelps.org.* ■

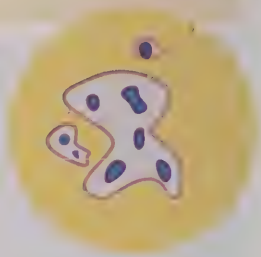
Submit news tips and story ideas to *MGH Hotline*

Shining a light on addiction

GATHERING TO REMEMBER: More than 200 people attended the Revere Beach Memorial on Sept. 21. This candlelight vigil, organized annually by the MGH-supported Revere CARES Coalition and the community, remembers lives cut short due to drugs and alcohol.

— *EV-D68*

(Continued from page 1)



Who is at risk?

EV-D68 appears to be dominantly a pediatric illness, particularly among children with asthma, because EV-D68 tends to trigger increased asthma symptoms.

What are some preventative measures?

Preventing the spread of EV-D68 involves the standard measures we advise all members of the community to observe during flu season – cover coughs, use tissues when appropriate, wash hands with soap and water, and avoid close contact with those who have respiratory illness until those symptoms have abated. The MGH also has implemented temporary visitor restrictions on the OB units, Neonatal Intensive Care Unit, special care units, pediatric inpatient units and the Pediatric Intensive Care Unit. This means only immediate family members are permitted to visit, excluding children under the age of 16.

How is it treated?

There are no specific treatments for EV-D68, and no vaccine is available. Treatment is supportive care, particularly addressing asthma symptoms. Many patients have responded promptly to aggressive treatment of their asthma.

Hearts in the right place

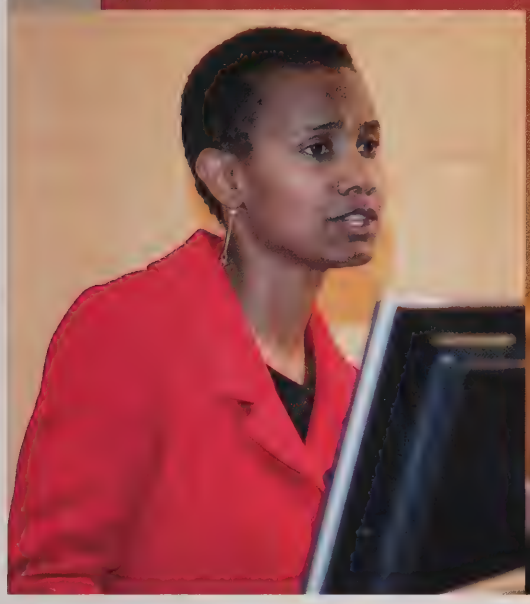
STEPS TO BETTER HEALTH: Sixteen teams formed by the MGH Institute for Heart, Vascular and Stroke Care painted the town red when they participated in the 2014 American Heart Association (AHA) Boston Heart Walk on Sept. 6. MGH employees, patients and family members joined a crowd of more than 10,000 participants in 1-, 2- and 6-mile courses. This year, the MGH teams raised more than $17,000 to help the AHA promote physical activity and fight cardiovascular diseases and stroke in the greater Boston area.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

10.03.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



DISCUSSIONS AND COLLABORATIONS: Panelists Monera Wong, MD, MPH, far left, and Lynn Black, MD, above

Ebola: Separating fact from fiction

THE 2014 EBOLA virus disease outbreak is the most extensive in history, affecting multiple countries in West Africa. On Sept. 30, the U.S. Centers for Disease Control and Prevention (CDC) confirmed the first case of Ebola to be diagnosed in the U.S. The MGH is monitoring this situation closely, and hospital leaders continue to meet regularly to ensure that staff are prepared to care for patients who may have been exposed to or infected with the virus, should the need arise.

Recently, the MGH Center for Global Health convened members of the MGH community for a seminar discussing a range of issues related to the outbreak, including the latest research, hospital preparedness and reports from the field.

"The Ebola outbreak in West Africa is an unprecedented public health emergency and a time for us all to come together to understand this emergency and how we can best respond," said David Bangsberg, MD, MPH, director of the Center for Global Health, who offered opening remarks.

Hilarie Cranmer, MD, director of Global Disaster Response at the center, introduced three speakers who each brought unique perspectives on the dynamics of the epidemic. Pardis Sabeti, MD, DPhil, a computational geneticist with the Broad Institute and Harvard University, discussed her work studying the genomics of diseases like Ebola

(Continued on page 2)

ABC to film documentary at MGH

ABC NEWS WILL BEGIN FILMING a documentary series, tentatively titled "Golden Hour," at the MGH on Oct. 6. The series will focus on patients who come to the hospital with a critical problem and the medical intervention that – when delivered within a small window of time – can save lives and preserve families. Major filming is expected to continue through the end of December. The following are some general questions and answers regarding the project.

What will the ABC News crew film?

The series is planned to feature patients who present with conditions for which getting the right care right away is essential. Such cases include stroke, myocardial infarction, respiratory distress, trauma and bleeding. The series is slated to be filmed at three Boston hospitals – the MGH, Brigham and Women's Hospital (BWH) and Boston Medical Center. Video crews also plan to ride with Boston EMS and possibly other ambulances as they transport patients and families to the hospitals.

What can MGH staff expect to see?

ABC videographers will use small hand-held cameras and will be as unobtrusive as possible as they film the care teams, patients and families. Much of the filming will take place in the Emergency Department, the Cardiac Catheterization Lab, the operating rooms, the intensive care units and other inpatient units where patients are recovering. News crews visiting the MGH campus are typically accompanied by a member of the Public Affairs Office, but because of the breadth and scope of this project, the ABC News team has been granted access throughout the hospital. Every ABC staff member has gone through privacy and safety training at the MGH, and all will wear hospital ID badges.

Will this filming be similar to the "Boston Med" production?

Five years ago, the MGH participated in the filming of "Boston Med," which captured stories featuring caregivers, patients and their loved ones here,

(Continued on page 4)

— *Ebola*

(Continued from page 1)

and Lassa fever in West Africa. Paul Biddinger, MD, medical director for MGH Emergency Preparedness, and David Hooper, MD, chief of the MGH Infection Control Unit, discussed the hospital's preparation and ability to treat suspect cases of Ebola, in the unlikely event one should present in a clinical department.

"It is absolutely key for everyone to take a look at the travel history of our patients and also at the risks of exposure, particularly if they have had contact with potentially infectious bodily fluids," said Hooper. "This is a scary disease, but we are extraordinarily fortunate here in the U.S. to have resources to manage these types of close-contact, highly transmissible viruses."

The seminar concluded with a panel discussion with members of the local health care community who have worked in West Africa – including Mardia Stone, MD, senior advisor to the MGH-Harvard Liberia Working Group; Mohamed Bailor Barrie, MD, chief strategic officer for Wellbody Alliance, a nonprofit health care organization in Sierra Leone; Lynn Black, MD, of the MGH Department of Medicine and the Liberian health care nonprofit Last Mile Health; and Monera Wong, MD, MPH, interim chief of Geriatric Medicine, who was born in Sierra Leone and works with the local Sierra Leone community to educate and recruit volunteers to assist in the crisis.

"We know that we are not going to find the answer to this outbreak in one day," said Cranmer. "But discussions like these and collaborations can play an important role in confronting these types of crises."

For updated information on the Ebola outbreak and the Office of Global Disaster Response, visit *www.massgeneral.org/globalhealth.* ■

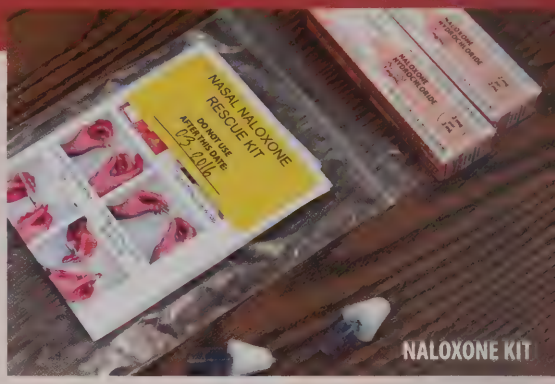
Kit available for opioid overdoses

TO HELP PREVENT OPIOID OVERDOSE DEATHS, any MGH patient now can request intranasal Naloxone without a prescription at the MGH Outpatient Pharmacy in Boston or Revere. Administered intranasally, Naloxone is an "opioid antagonist" prescription used to counter the effects of opioid overdose – which may instantly save a life.

Anyone with an MGH medical record number can request the prescription for a family member, friend or loved one. Naloxone will be filled under a standing order – a physician's order that can be exercised by other health care workers – and MGH pharmacists will provide training for its administration.

"It is critical we create a simple pathway to increase access to this medication and use the expertise of our MGH pharmacists to ensure safe and timely administration," says Christopher Fortier, PharmD, MGH chief pharmacy officer.

MGH Pharmacy will bill the MGH patient's insurance company under their MGH medical record number. Most insurance companies now pay for the kit, Fortier says.



NALOXONE KIT

Explains Sarah Wakeman, medical director for Substance Use Disorders in the MGH Center for Community Health Improvement, "If I am an MGH patient, and I am concerned about my relative, I can ask the pharmacist for an intranasal Naloxone kit. The prescription will be in the name of the MGH patient as prescribed by the Commonwealth's Good Samaritan law. The MGH patient can use the Naloxone on anyone."

According to Wakeman, Naloxone is safe, is non addictive and can be administered by any minimally trained individual. However, she stresses it is still crucial that emergency medical professionals are contacted for any overdose, since Naloxone does wear off, and individuals who experience overdose still require, emergency medical attention. It may take multiple doses of Naloxone to revive someone who has overdosed on the deadly heroin/fentanyl combination.

Tarbell receives multiple honors

NANCY TARBELL, MD, Harvard Medical School (HMS) dean for Academic and Clinical Affairs and past director of the MGH Center for Faculty Development and the Office for Women's Careers, has been selected to receive the Association of American Medical Colleges' 2014 Women in Medicine Leadership Development Award.

This award recognizes Tarbell's record of academic leadership and her career-long commitment to developing medical leaders. Since 1995, this award has recognized 20 individuals and 15 women in medical education programs. Tarbell is a longstanding advocate for faculty development initiatives, including mentoring programs for junior faculty and numerous efforts on behalf of women and minorities. She recently led the HMS-wide Task Force on Faculty Development and Diversity, which has defined and prioritized development and diversity enhancements within the HMS community, providing a foundation for new opportunities for faculty and trainees.

"I benefited greatly from the mentorship of Dr. Sam Hellman while he was chair of the Harvard Joint Center for Radiation Therapy," said Tarbell. "He mentored deeply and intuitively and continues to be an extraordinary leader today. He gave me opportunities when there were few women role models. I hope that I have shared like opportunities with the many young men and women whom I have taught."

Tarbell also recently received one of three 2014 Gold Medals bestowed by the American Society of Radiation Oncology. The Gold Medal is the society's highest honor and is awarded to members who have made outstanding contributions to the field of radiation oncology through research, clinical care, teaching and service.

An internationally recognized expert in pediatric oncology, particularly pediatric brain tumors, Tarbell is consistently listed in *The Best Doctors of America* and serves on the national Children's Oncology Group Brain Tumor Committee. She was elected to the Institute of Medicine of the National Academies in 2002 and has authored more than 300 original publications and book chapters.

"I feel fortunate to be able to take care of children with cancer, and I am proud of the multidisciplinary team approach," said Tarbell. "This prestigious award is as much about our team's care of our patients as it is about the academic and research contributions we have made."

TARBELL

Goldstein named surgeon-in-chief of MGHfC

ALLAN M. GOLDSTEIN, MD, FACS, has been named chief of Pediatric Surgery and surgeon-in-chief of MassGeneral Hospital *for* Children (MGH*f*C), effective Oct. 1. Goldstein will succeed Joseph P. Vacanti, MD, who has led the department since 2003.

"It is an honor to be able to lead the Pediatric Surgical Services at the MGH," says Goldstein. "I am thrilled to take on this new challenge and look forward to working together with our outstanding MGH*f*C clinicians and administrators. I especially look forward to building on our strong clinical and academic programs, to strengthening our identity throughout the region, and to making MGH*f*C one of the best children's hospitals in the country."

Since 2013, Goldstein has served as chief of the Division of Pediatric Surgery. His academic work is devoted to researching the causes and identifying novel diagnostic and therapeutic approaches for neurointestinal diseases like Hirschsprung's disease, a congenital disorder of the intestine in which children are born without nerve cells in their colon.

Surgical director of the Pediatric Neurogastroenterology Program, Goldstein began his career at the MGH after graduating from Harvard Medical School. Following his residency here from 1993 to 2000, Goldstein completed a two-year fellowship in pediatric surgery at Columbia Presbyterian Medical Center. He then returned to the MGH, joining the Pediatric Surgery staff in the Department of Surgery.

In addition to his new appointment, Goldstein will continue to maintain his National Institutes of Health-funded research laboratory and serve as an elected representative to the Executive Committee on Research. He also plans to expand the nonprofit organization he recently established – REACH (Research, Education and Awareness for Children with Hirschsprung's disease) – which is dedicated to educating patients, families and health care providers about the disease.

GOLDSTEIN

"We are delighted to have Dr. Goldstein in this role," says Ronald Kleinman, MD, physician-in-chief of MGH*f*C. "His expertise combined with his passion and vision for the future will help us to continue to grow and strengthen the department in the coming years. I also would like to thank Dr. Vacanti for his many years of dedicated service and for his numerous contributions to MGH*f*C."

Following a year-long sabbatical, Vacanti will return to work at the MGH in the Laboratory for Tissue Engineering and Organ Fabrication. ■

Calling all runners to the 2015 Boston Marathon

THE MGH IS NOW ACCEPTING APPLICATIONS for the 119th Boston Marathon, which will be held on April 20, 2015. The newly renamed "Mass General Boston Marathon Program" has two teams running in support of pediatric cancer care and research and supporting emergency preparedness: *Fighting Kids' Cancer One Step at a Time* and *Ready When Seconds Count.* Those interested in joining one of the teams must submit applications by Oct. 31.

"What could be more meaningful and inspiring than running the Boston Marathon with a team of caring and committed individuals who want to do their part in helping to cure childhood cancer or better prepare the MGH for future emergencies?" says Howard Weinstein, MD, chief of MassGeneral Hospital *for* Children (MGH*f*C) Hematology-Oncology Unit.

Adds David Brown, MD, chair of MGH Emergency Medicine, "I am thrilled to again help lead a marathon team dedicated to supporting MGH's commitment to emergency preparedness and disaster response. "Partnering with Howard Weinstein will be terrific, and together our runners will help ensure that the MGH is always ready to respond to the needs of the community and the region in the face of a disaster, while also helping cure pediatric cancers."

Last year more than 230 runners – including more than 80 staff members – ran the Boston Marathon in support of the MGH. The Emergency Response team raised nearly $320,000, while the pediatric Hematology-Oncology team raised almost $1.2 million.

Last year, the MGH also had athletes supporting other hospital programs – including Cystic Fibrosis, Pediatric Palliative Care and the Pediatric Coordinated Care Clinic, Friends of the Lurie Center, Dystonia Research and the Red Sox Foundation and MGH Home Base Program.

"Thanks to John Hancock, the MGH will once again be fielding two teams for the Boston Marathon in 2015," says Jim Thompson, vice president for Development. "We received 100 guaranteed entries for the MGH*f*C Cancer Center Team, and we were very excited to again receive 40 entries for the Emergency Response Team."

To submit an application, visit *giving.massgeneral.org/boston-marathon/appl.*

REASON TO CELEBRATE: A proud MGH team runner at the 2014 Boston Marathon

Announcements available online
To read this week's "What's Happening" items, visit www.massgeneral.org/newshotline

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-724-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at www.massgeneral.org/newshotline or by scanning the QR code above.

— *ABC documentary*

(Continued from page 1)

at BWH and at Boston Children's Hospital. That series, which aired in the summer of 2010, was headed by Terry Wrong, who will again serve as executive producer for this latest series. Wrong also has produced documentaries about Johns Hopkins and more recently two "New York Med" series. Each of these critically acclaimed medical programs has offered millions of viewers a first-hand glimpse of the inner workings of major academic medical centers.

What has been done to ensure patient confidentiality?

ABC News staff members have experience working in hospital settings where patient confidentiality is a priority, and they will have undergone patient confidentiality training with the MGH Privacy Office before filming has begun to ensure the protection of privacy for patients and staff.

What should an MGH staff member do if he or she does not want to be filmed?

MGH staff and employee participation in this project is completely voluntary. At any time, someone who does not wish to participate can decline to be involved.

UP CLOSE: File photo of the MGH "Boston MED" filming

When will this series air?

The series, which will probably consist of six, hour-long segments, is expected to air in early 2015.

Who can I contact if I have questions or concerns?

The MGH Public Affairs Office will serve as the primary point of contact for the ABC crew, and questions or concerns should be directed to Peggy Slasman, senior vice president for Public Affairs, at (617) 724-2750, *pslasman@partners.org*, or Michael Morrison, media relations manager, at (617) 724-6425, *mdmorrison@partners.org*.

Tackling obesity early

THE PREVALENCE OF OBESITY in children has increased dramatically in the past 30 years. Although some prevention initiatives have helped, obesity rates remain at historically high levels, particularly among racial and ethnic minorities and children living in disadvantaged communities, according to Elsie Taveras, MD, MHP, chief of the Division of General Pediatrics and director of Pediatric Population Health Management.

"It is important to acknowledge that while some populations have seen a decrease in obesity prevalence, racial and ethnic minority children in some socioeconomic groups have not benefitted equally from national obesity prevention efforts," Taveras said during a Sept. 30 lecture – "Obesity Among Racial/Ethnic Minority Children: The Importance of Prevention in Early Life." "It is also important to try to understand why these disparities exist, and try to build interventions to reduce obesity among these groups."

At the event held in connection with Latino Heritage Month, she noted that the highest prevalence of childhood obesity is found among Hispanic children ages 2 to 5 years old, with 16.7 percent being classified as obese. The national average for that age group is 8.4 percent.

Maternal obesity, smoking and diabetes during pregnancy – as well as poor diet quality, insufficient sleep and too much screen time during infancy and early childhood – are all risk factors associated with obesity that can lead to health problems. "Obesity also affects a child's quality of life, an often unrecognized side-effect," Taveras said. "Children who are overweight may have 'silent' symptoms of depression and are often teased and bullied. The stress related to these symptoms is something they carry with them all day, and it is part of their lives in all situations."

Pregnancy and early infancy are critical periods for prevention, Taveras said. Receiving proper primary care, making connections across clinical and public health services, obtaining lactation support and early education are all ways obesity can be prevented. The MGH has initiated several programs to combat this chronic condition focusing on teaching children and their families about healthy nutrition and the need for regular exercise.

"We are working hard to change the future of childhood obesity," Taveras said. "It is of consequence not only because of its long-term trajectory of outcomes but also because of the short-term implications it has on children's health and quality of life."

10.10.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MATERNAL BONDS: MGH study suggests neurobiological basis of human-pet relationship

Love for a dog just as deep

IT HAS BECOME COMMON for people who have pets to refer to themselves as "pet parents," but how closely does the relationship between people and their non-human companions mirror the parent-child relationship? A small study from a group of MGH researchers makes a contribution to answering this complex question by investigating differences in how important brain structures are activated when women view images of their children and of their own dogs. Their report recently was published in the open-access journal *PLOS ONE*.

"Pets hold a special place in many people's hearts and lives, and there is compelling evidence from clinical and laboratory studies that interacting with pets can be beneficial to the physical, social and emotional well-being of humans," says Lori Palley, DVM, of the MGH Center for Comparative Medicine, co-lead author of the report. "Several previous studies have found that levels of neurohormones like oxytocin – which is involved in pair-bonding and maternal attachment – rise after interaction with pets, and new brain imaging technologies are helping us begin to understand the neurobiological basis of the relationship, which is exciting."

In order to compare patterns of brain activation involved with the human-pet bond with those elicited by the maternal-child bond,

(Continued on page 4)

'Muchas gracias'

IT WAS 2005. Hurricane Katrina devastated the Gulf Coast, Condoleezza Rice was sworn in as the first African-American woman U.S. Secretary of State, the Internet site YouTube launched, and the Chicago White Sox won their first World Series in 88 years.

It also was the year the MGH created an award recognizing employees who have made significant contributions to the Latino community at the hospital and beyond. Its first recipient, Ernesto González, MD, of the Department of Dermatology, had no idea the award ultimately would be named in his honor. Jeff Davis, senior vice president of MGH Human Resources, said it was intentionally kept a secret. He and others knew if González found out, he would refuse the honor.

"As I was handing him the award at the ceremony, I asked him if going forward we could name the award after him, fully aware he didn't have enough time to think about saying no," said Davis. "Every year when we sit down to review the nominations, Ernesto says, 'Do you really think this award should be named after me?' There is no question. It should be and always will be."

Since 2005, 14 MGHers have joined González on the list of past recipients of the Ernesto González Award for Outstanding Service to the Latino Community. At an Oct. 3 ceremony in the Paul S. Russell, MD Museum of Medical History and Innovation, another two names were added – Teresa Gomez-Isla, MD, PhD, of the Department of Neurology, and Guillermo (Bill) Banchiere, director of Environmental Services.

The annual event, sponsored by the Committee for Latino Initiatives and Human Resources, was held in connection with Latino Heritage Month. Attendees were welcomed with traditional music as well as "¡Soy Latino!" pins. Daniel Cortez, manager of Community-Based Substance Abuse Initiatives at the MGH Chelsea HealthCare Center, offered opening remarks, followed by Davis and by past award recipients. González then presented the awards to the 2014 recipients.

"We have come very far in the past nine years, but I always have trepidations as to where we are going or wondering if this award should be continued in

(Continued on page 4)

Partners Biobank: Enabling personalized medicine

MORE THAN A DOZEN STUDIES are now underway thanks to the participation of thousands of patients who have contributed to the Partners HealthCare Biobank, a growing research resource designed to help researchers understand how people's health is affected by their genes, lifestyle and environment.

"This is a transformative project that promises to be an engine for discovery at Partners," says Jordan Smoller, MD, Partners Biobank co-investigator. "It will be a key resource for translational research that aims to personalize and improve the care of patients."

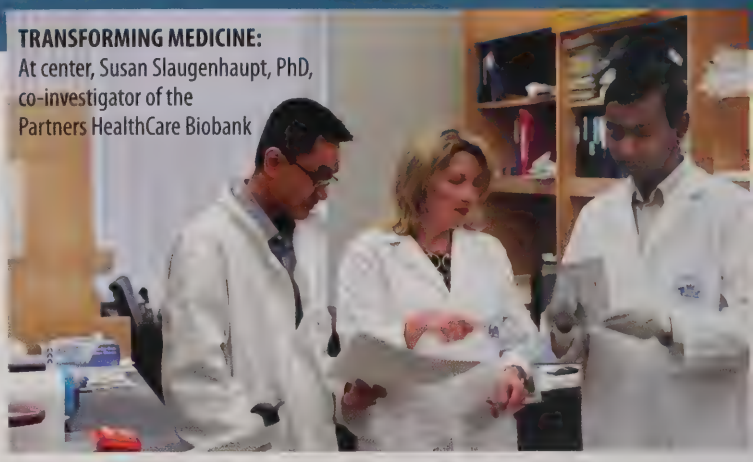
The Partners Biobank was made possible by bringing together two hospital-based efforts: the Partners Biorepository for Medical Discovery at the MGH and the OurGenes, OurHealth, OurCommunity project at Brigham Women's Hospital (BWH). In 2013, these two projects merged, and the Partners Biobank was born. The marriage was a natural fit, since both projects have the same mission: improving the health of the community through research innovation – specifically by developing a large-scale, state-of-the-art repository housing blood samples and health information from thousands of Partners patients to enable studies in personalized medicine.

The Partners Biobank stores blood serum, plasma and DNA at a new facility in Cambridge specially equipped to safely store up to 2 million samples. More than 16,000 patients have contributed samples since recruitment began in 2010. All patients at the MGH and BWH are eligible to participate, and the full Partners community should be eligible in the future.

"We plan to enroll 75,000 participants, which we believe is a number that will provide a powerful resource for Partners researchers," says Scott Weiss, MD, Partners Biobank principal investigator. Samples for the first 25,000 subjects will be genotyped by Partners Personalized Medicine, providing data on hundreds of thousands of genetic variants linked with both clinical data from the electronic medical record and survey data on lifestyle, environment and family history.

Researchers are already using the biobank for more than a dozen studies, including:

- non-steroidal anti-inflammatory drugs (NSAIDs), commonly used to treat pain and inflammation and reduce fever, predicting which patients are at risk for NSAID-related cardiovascular events such as heart attack;



TRANSFORMING MEDICINE: At center, Susan Slaugenhaupt, PhD, co-investigator of the Partners HealthCare Biobank

- genetic changes and biological factors predicting the formation of brain aneurysms;
- the relationship between genes and pain tolerance in patients with slipped disks; by finding genes associated with pain tolerance, clinicians could identify patients at high risk and help them become more informed before making treatment decisions.

Although the Partners Biobank is relatively new, it distinguishes itself in a few important ways. First is its infrastructure. "Our biobank is the only one of its kind that merges the capabilities of a certified clinical lab, translational genomics capability, detailed patient information and the expertise within our hospitals, all knit together through health IT," says Weiss. "It affords us integration and the ability to leverage it."

Second is its consent methodology. "We have formal consent from every patient enrolled in the biobank, which is not true of some biobanks." says Smoller, "And we are able to gain that consent by talking with patients at their clinic visits or electronically using Patient Gateway. We are contacting thousands of Patient Gateway users as a key part of new recruitment strategy."

The biobank also is a boon to researchers. Rather than requiring them to recruit individual subjects for a particular project, researchers have access to the samples stored in the Partners Biobank. "Through the biobank, researchers can get the samples they need much more efficiently and cost-effectively," says Smoller.

For more information or to enroll in the Partners Biobank, email *biobank@partners.org* or call 617-525-6700. ■

Big Papi's big heart

BOSTON RED SOX'S DAVID ORTIZ hit a home run with pediatric patients and their families when he visited MassGeneral Hospital *for* Children (MGH*f*C) Oct. 2. The athlete, alongside Peter L. Slavin, MD, MGH president, and Elsie Taveras, MD, MHP, chief of the Division of General Pediatrics and director of Pediatric Population Health Management, announced the return of his annual celebrity golf tournament in Punta Cana this December.

"This event helps us raise money for a beautiful cause that is taking care of children at MGH*f*C and in my country, the Dominican Republic," said Ortiz. "It is an honor for me to be supported by a lot of people throughout the years. Our main goal is for those children to go back home healthy."

Since its inception in 2006, the David Ortiz Children's Fund has raised more than $2 million and has also directly supported the pediatric cardiology program at MGH*f*C and helped make lifesaving heart care surgeries available to patients in the Dominican Republic.

"I have a personal connection to David because I am also from the Dominican Republic," said Taveras. "Not only do I see all of David's efforts for children in the country, but here at MGH*f*C our pediatric program and patients are also benefactors of David's generous support – it makes me very proud and appreciative of David."

During his visit, Ortiz made his way through the hallways of MGH*f*C, signing autographs and visiting patients. "I like to come around every once in a while. Check up on my homies."

Exercise breast cancer prevention

OCTOBER IS BREAST CANCER AWARENESS MONTH, and reminders are everywhere for women to remain vigilant about screening and maintaining a healthy lifestyle – including daily exercise. Lidia Schapira, MD, medical oncologist with the MGH Center for Breast Cancer, shares her insights on the benefits of staying fit.

Can exercise prevent the risk of breast cancer?

There is considerable emerging evidence that moderate to vigorous exercise has many benefits, and I would strongly encourage women to take this into consideration. Often we think of exercise as "optional," but in fact it should be part of our daily routine.

SCHAPIRA

What are the benefits of exercise for women with a breast cancer diagnosis?

Exercise can help reduce the risk of a cancer recurrence and will undoubtedly help them feel better. There have been studies that show exercise during radiation, for example, helps reduce fatigue. Others have shown a change in the levels of hormones in the blood. All these point in the same direction – exercise is beneficial.

If you were to dose exercise like you dose medication how much would you prescribe?

Current recommendations are to work out at least 30 minutes a day, five days a week. I would recommend aiming for daily exercise, because typically something interferes with our plans, so planning for daily workouts will guarantee we get at least five workouts into each week. My recommendation is to walk vigorously or bike or run for at least a half an hour and also to consider other forms of exercise that focus on increasing flexibility, strength and balance, such as yoga and Pilates.

What modifications do you recommend for those with a prior injury or who are out of shape?

Supervision from a physiotherapist or an expert physical trainer may be helpful to get some women started on a regular routine. Individual tolerance may vary and there are many ways of exercising that are pleasing and feel comfortable – one size does not fit all.

Is there a specific exercise program or diet for women with breast cancer?

We do know vigorous exercise helps improve quality of life and favorably affects recurrence risk. The benefits of a balanced and structured exercise program include weight loss, improvement in energy, improved balance and stamina, better sleep and a boost in self-confidence. I've also found that women who are serious about their commitment to exercise often find they pay more attention to their diets and alcohol consumption. So all these lifestyle interventions are linked, and improvement in one area typically leads to improvement in other areas as well.

For more information or to schedule a mammogram screening, call 617-724-9727 or visit *www.massgeneral.org/imaging/appointments/mammogram.*

Breaking the silence

PATTY QUATIERI WAS 26 YEARS OLD when she was raped repeatedly. Born with a developmental disability and mild cerebral palsy, the now 54-year-old Quatieri says she did not recognize that what was happening to her was abuse because it was someone she knew.

"My brain was not able to understand," says Quatieri. "I only knew he had a knife, and he said he was going to kill me if I told anyone."

It was months before the abuse was finally discovered and years before Quatieri says she felt normal again. "It took me a long time to stop feeling afraid."

On Oct. 7, Quatieri – now a personal advocate for abuse victims with disabilities – shared her story with MGH staff and patients during a presentation, "Supporting Sexual Assault Survivors with Disabilities," held at the Maxwell & Eleanor Blum Patient and Family Learning Center. Quatieri was joined by Meagan Anderson, program manager of IMPACT, a local organization offering personal safety and self-defense training that teaches students effective strategies to resist threats, intimidation and violence .

"We teach people through role-play," says Anderson. "The instructor will play the part of a perpetrator, and students will act out how they will respond in that situation."

According to Anderson, more than 90 percent of people with developmental disabilities will experience sexual abuse at some point in their lives, and 49 percent will experience 10 or more abuse incidents.

"A lot of times they don't know what sex is, so the perpetrator can say, 'This is something else, this is what everybody does,'" says Anderson. "If the perpetrator is a caretaker, it becomes even more difficult for the victim. 'If I leave this place, this person who I think loves me and hurts me sometimes, will I be OK?' It is very rare that someone can find the resources to report or even know they need to."

The Disabled Persons Protection Commission (DPPC) is an independent state agency that protects adults with disabilities from abusive acts. The DPPC receives and screens reports of suspected abuse and neglect. "When in doubt, report," says Anderson.

Quatieri has become a strong, outspoken role model for victims of abuse. From time to time, she wakes up in the middle of the night – from a bad dream or voices – but, she says, it is different than in the past.

"I have learned coping skills," she says. "I breathe, calm down and relax."

And more often than not, the voices she hears are those on the other end of the phone seeking her support.

"They are the people who have also been through it and did not speak up," she says. "I help them. I fight for them. I tell my story so they can tell their story too."

For more information about the IMPACT curriculum, contact Anderson *manderson@impactboston.org* or visit *ww.impactboston.org.* ■

Change in *Hotline* schedule

MGH Hotline will not publish Oct. 17 because of the holiday. The regular publication schedule will resume Oct. 24.

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

— 'Gracias'

(Continued from page 1)

the future," said González. "And every year, I am convinced that it is even more important – not because of me but because of you."

Accepting her award, Gomez-Isla reflected on the rewards of opening a Neurology Unit clinic in Charlestown to support the Latino community and the thrill of training the next generation of physician/scientists. "This award is going to strengthen our commitment to working with Latino patients and to make sure we provide them with the best possible care and make them feel at home every time they come into our clinic," said Gomez-Isla.

Banchiere described his move from Argentina to New Jersey 46 years ago – remarking on various jobs he held before joining the MGH in 1986, where he worked closely with González to open doors to the Latino community. "I was surprised and honored to receive this award and to be in the same company as Dr. González," he said. "I would like to thank you, Ernesto, for your leadership, for your mentorship and for being a role model to me and to all of us."

Think pink

SWEET SUPPORT: The MGH Bakeshop team – from left, bakers Florentina Spinoa and Debra Bowes, with Hannah Meier, dietetic intern, and James Quirk, manager – whipped up special pink cupcakes in honor of Breast Cancer Awareness Month. The confectionaries were sold in the Eat Street Café earlier this week and also will be available on Oct. 15 and Oct. 22.

— Love for a dog

(Continued from page 1)

the study enrolled a group of women with at least one child aged 2 to 10 years old and one pet dog that had been in the household for two years or longer. Participation consisted of two sessions, the first being a home visit during which participants completed several questionnaires, including ones regarding their relationships with both their child and dog.

The second session took place at the MGH Martinos Center for Biomedical Imaging, where functional magnetic resonance imaging (fMRI) – which indicates levels of activation in specific brain structures by detecting changes in blood flow and oxygen levels – was performed as participants lay in a scanner and viewed a series of photographs. The photos included images of each participant's own child and own dog alternating with those of an unfamiliar child and dog. After the scanning session, each participant completed additional assessments, including an image recognition test, and rated several images from each category shown during the session on factors relating to pleasantness and excitement.

Of 16 women originally enrolled, complete information and MR data was available for 14 participants. The imaging studies revealed both similarities and differences in the way important brain regions reacted to images of a woman's own child and own dog. Areas previously reported as important for functions such as emotion, reward, affiliation, visual processing and social interaction all showed increased activity when participants viewed either their own child or their own dog. A region known to be important to bond formation – the substantia nigra/ventral tegmental area (SNi/VTA) – was activated only in response to images of a participant's own child. The fusiform gyrus, which is involved in facial recognition and other visual processing functions, actually showed greater response to own-dog images than own-child images.

"Although this is a small study that may not apply to other individuals, the results suggest there is a common brain network important for pair-bond formation and maintenance that is affected when mothers view images of either their child or their dog," says Luke Stoeckel, PhD, MGH Department of Psychiatry and co-lead author of the *PLOS One* report. "We also observed differences in activation of some regions that may reflect variance in the evolutionary course and function of these relationships."

Co-author Randy Gollub, MD, PhD, of MGH Psychiatry adds, "Since fMRI is an indirect measure of neural activity and can only correlate brain activity with an individual's experience, it will be interesting to see if future studies can directly test whether these patterns of brain activity are explained by the specific cognitive and emotional functions in human-animal relationships."

The investigators note that further research is needed to replicate these findings in a larger sample and to see if they are seen in other populations and in relationships with other animal species. ■

10.24.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Storybook Ball a sweet success

A BIT OF WILLY WONKA MAGIC inspired more than 500 people to raise $1.8 million for MassGeneral Hospital *for* Children (MGH*f*C) during the 15th annual Storybook Ball. Proceeds from the Oct. 18 event, held at the Castle at the Park Plaza Hotel, will support MGH*f*C's family-centered care, with a focus on children in underserved communities around Boston as well as in Africa, South America and other areas where medical care is lacking.

"Philanthropy in these areas is essential," said Peter L. Slavin, MD, MGH president. "Medical care for children is chronically underfunded, and much of the work that MGH*f*C does every day – here in the hospital, out in the community and around the globe – is not reimbursed."

During the event, Rebecca Cronin, MD, a pediatrician at the MGH Chelsea HealthCare Center, presented a video about two patients – Daniel Ortiz Cisneros, 2, and his brother, Alex Cisneros, 4 – both born with congenital heart problems. As a result of heart surgery and in-home services provided through the hospital, the children's health is improving and their mother, a Guatemalan immigrant, is coping with the immense challenge of caring for two children with medical and behavioral problems.

"She has done a wonderful job of balancing the daily needs the kids have and their complicated medical needs as well," Cronin said.

The Storybook Ball's global mission was bolstered by a $500,000 gift from singer James Taylor and his wife Kim to support the work of William Gerald (Jay) Austen, Jr., MD, chief of MGH Plastic and Reconstructive Surgery, who travels regularly to Cartagena, Columbia to perform cleft lip and palate surgery on children living in poverty.

"The surgery transforms their lives in ways they never imagined," Austen said.

GOLDEN TICKET: From left, Daniel, Alex and Cronin

A trip to Columbia to witness Austen's work was one of the items auctioned at the ball to raise funds for MGH*f*C. Funds also were raised through a combination of attendance, sponsorships and bids on additional auction packages including a Bruins Night Out; a Game-Day Coaching experience with the Red Sox; jewelry by designer Mimi So; trip to David Ortiz's annual Celebrity Golf Classic in the Dominican Republic; and a visit to the art galleries of Art Basel Miami Beach. ■

HALF CENTURY OF SERVICE: Battit, left, and McFarland

Ether Day applause

FOR MORE THAN A HALF A CENTURY George Battit, MD, of the Department of Anesthesia, Critical Care and Pain Medicine has worked at the MGH.

"My most prominent recollection is the changes that have taken place over the last half a century – most of which have been quite good," said Battit.

Battit was one of four employees who had the special honor of being recognized for 55 years of service at the Oct. 17 Ether Day Celebration under the Bulfinch Tents.

Every October, the MGH community celebrates the anniversary of the first successful public demonstration of ether as a surgical anesthetic. In doing so, the hospital also celebrates staff as they reach milestones in their commitment to the hospital. This year, more than 3,400 employees were honored, receiving pins and ribbons for every five years of service.

(Continued on page 2)

BENEFIT CONCERT: Entertainer Harry Connick Jr., above, will headline Mission Gratitude, hosted by the Red Sox Foundation and MGH Home Base Program. The annual event, New England's largest benefit concert for wounded warriors, will take place Nov. 10 at Boston Symphony Hall. Mission Gratitude funds Home Base's clinical care to heal the invisible wounds of war – post-traumatic stress and traumatic brain injury – for post-9/11 veterans and their families. Staff Sgt. Ryan M. Pitts, 2014 Medal of Honor recipient, will serve as guest speaker. To learn more, or to purchase tickets, visit *www.missiongratitude.com*.

— *Ether Day*

(Continued from page 1)

"Your dedication has enabled us to deliver exceptional care to our patients, to provide the best education to our students training to be health care professionals, to make important advances in the medical research world and to serve the greater Boston community for the past 203 years," said MGH President Peter L. Slavin, MD.

This year, Slavin and Jeff Davis, senior vice president for Human Resources, were among those honored, with Slavin marking 30 years and Davis 35. In keeping with tradition, the Ether Day dancers playfully performed to the No. 1 song from each milestone year. "Dancing Machine" by The Jackson 5 was at the top of the charts when Janice Erlandson, RN, Ellison 18, began her career at the MGH in 1974.

"I've seen a lot of changes since then," Erlandson said. "That change has given nurses a stronger voice and greater respect."

James McFarland, MD, of the Cardiology Division, who joined the MGH as an intern 50 years ago, said he never anticipated he would remain at the hospital for his entire career.

"Someone once told me, 'That big hospital is all for you,'" said McFarland. "And that turned out to be the case."

Those celebrating milestones of 20 years or more also were honored at the annual Ether Day Dinner held Oct. 23 at the Westin Boston Waterfront Hotel.

Singing the praises of 'unsung heroes'

NEARLY 20 PEOPLE PER MINUTE are victims of physical violence by an intimate partner in the U.S., according to the National Coalition Against Domestic Violence. In recognition of October as Domestic Violence Awareness Month, the MGH called attention to this complex problem with a series of events hosted by the hospital's Domestic Violence Working Group, part of the MGH HAVEN (Hospitals Helping Abuse and Violence End Now) program.

Activities included panel discussions, information tables and the presentation of the Unsung Hero Awards to recognize MGH staff who have gone above and beyond to help survivors of domestic violence. This year, three employees were honored at an Oct. 17 ceremony in the Sweet Conference Room – Maria Guzman, patient service coordinator in the Social Service Department; Michele Golden, staff assistant in the Pharmacy Department; and Bonnie Michelman, CCP, CHPA, director of Police and Security and Outside Services.

"I do a lot of important things that are meaningful to me but none is more important than the work in this area," said Michelman. "To see the way we have grown in terms of our work with domestic violence as an organization – it is unbelievable."

Michelman's nomination illustrates her commitment to supporting victims of domestic violence: "For her entire tenure at the MGH, Bonnie has worked tirelessly to increase awareness of the horrible plight of domestic violence victims. Sometimes front and center but much of the time spent behind the scenes, encouraging her staff and colleagues to lead the way."

Guzman was recognized for her unwavering empathy for HAVEN clients and her commitment to learning more about partner abuse. In addition, for the past three years, she has helped coordinate the HAVEN holiday gift drive.

"It is an honor and a pleasure to receive this award," said Guzman. "I think HAVEN does a wonderful job, and I can't express how happy I am to be a part of it."

Golden has been assisting the MGH Domestic Violence Working Group since 2012 and joined the domestic violence subcommittee a year later. She is pursuing a bachelor's degree in social work; yet despite being incredibly busy, she has been able to assist in raising awareness, carving out time to plan Domestic Awareness Month events and attend comprehensive domestic violence training.

"I am proud of being part of this committee and look forward to working with this group for many years to come," Golden said.

For more information about the Domestic Violence Working Group and domestic violence prevention and awareness, visit *www.havenatmgh.org*. ■

UNWAVERING COMMITMENT: From left, Guzman, Golden and Michelman

VA visit

SCOPE OF SERVICE: The Honorable Robert A. McDonald, secretary of the U.S. Department of Veterans Affairs, visited the MGH Oct. 16 to speak at Department of Medicine Grand Rounds. His presentation, "Veterans Affairs: A Higher Calling," provided an overview of his department's mission and its medical research opportunities. Later in the day, McDonald toured the Red Sox Foundation and MGH Home Base Program clinic and hosted a discussion centered on partnering to improve access to care for post-9/11 veterans and their families.

Phillips Society legacy grows stronger

ONE HUNDRED AND SIXTY-FIVE MGH supporters recently gathered for the 9th annual Phillips Society Luncheon at the Four Seasons Hotel in Boston to celebrate the present – and the future. The 570-member Phillips Society recognizes generous individuals who have included the MGH in their estate plan through a will or other planned gift, as well as those who make a lead gift to establish an endowed fund.

Phillips Society members and co-chairs Jean Elrick, MD, senior vice president for MGH Administration; Andrew Warshaw, MD, MGH surgeon-in-chief emeritus, and his wife Brenda Warshaw, RN, a former MGH nurse; and Britain Nicholson, MD, MGH chief medical officer and senior vice president of the Department of Medicine, welcomed guests to the Sept. 15 event. Featured speaker David Fisher, MD, PhD, chief of the MGH Department of Dermatology and director of the Cancer Center's Melanoma Program, outlined breakthroughs in his research and clinical work, along with broader trends in melanoma and skin cancer treatment.

Despite great advancements in the treatment of melanoma, Fisher stressed that preventative measures are key. He urged attendees to seek protection from the sun's harmful ultraviolet rays, and criticized the tanning bed industry for the potentially harmful lifestyle it promotes, mentioning his own findings on the addictiveness of sun exposure.

Phillips Society members also viewed a video profiling melanoma survivor John Murphy. The video demonstrated how a targeted therapy, discovered at the MGH Cancer Center, was used to successfully treat Murphy's Stage 4 melanoma. Murphy and his wife Mary, both Phillips Society members, travelled from Colorado to attend the luncheon and were honored during the event.

HONORED GUESTS: Ladies Visiting Committee members and friends, from left, Roberta Jackson, Margaret Ann Scott, Karen MacDuffie and Kay Bander

Keep informed: Ebola update

THE MGH REMAINS VIGILANT in its preparation strategies on all aspects of care should a patient with suspected Ebola virus disease come to the hospital.

MGH leaders and experts from Emergency Preparedness, Infection Control, Infectious Diseases, Patient Care Services, Laboratory Medicine, Global Health, Disaster Response and others continue to meet regularly to ensure the MGH's hospitalwide response plan is current and addresses its top priority – the health and safety of staff and patients. The MGH also continues to keep in close contact with the Centers for Disease Control and Prevention, as well as staff at Emory Hospital and Nebraska Medical Center to learn more about how those groups have successfully managed and cared for patients.

Facts about Ebola in the U.S.
You can't get Ebola through air
You can't get Ebola through water
You can't get Ebola through food
You can only get Ebola from:
• Touching the blood or body fluids of a person who is sick with or has died from Ebola.
• Touching contaminated objects, like needles.
• Touching infected animals, their blood or other body fluids, or their meat.
CDC

In addition, all of the hospitals within the Partners HealthCare system have been working closely to collaborate and share best practices in the hospitals, health centers and other clinical sites.

Other helpful resources – including scripts and guidance for front-line staff, flyers for clinic waiting rooms and videos of the "MGH Town Hall: Ebola Virus Disease Update" sessions – can be found by visiting *massgeneral.org* or the MGH Infection Control Unit intranet site. Staff are encouraged to visit these sites often to keep updated on the latest developments. ■

10.24.14

MGH HOTLINE

READY, SET, SWING: Members of the Revere on the Move task force, part of the Revere CARES coalition, joined their neighbors and organized the rebuilding of the Louis Pasteur Park in the Beachmont neighborhood of Revere. The project was made possible thanks to a Common Backyard Program grant from the Massachusetts Executive Office of Energy and Environmental Affairs and matching funds from the MGH Center for Community Health Improvement and the city of Revere. The Environmental Affairs Office praised the rebuilding efforts as cost-efficient, time-efficient and helpful to the development of stewardship of the neighborhood park.

Pharmacists promote safety

PHARMACISTS AND PHARMACY TECHNICIANS have used National Hospital and Health-System Pharmacy Week, Oct. 19 to 25, to underscore the many new and vital roles they play in patient care. The evolution has been especially dramatic in recent years as pharmacists have moved beyond compounding and dispensing medications to become key members of patient care teams.

"Many patients are not aware that pharmacists play a critical role in preventing medication errors, advising prescribers about the best drug choices and working directly with patients to ensure they understand how to use their medications safely and effectively," says Christopher Fortier, PharmD, FASHP, MGH chief pharmacy officer. "Pharmacy Week is a great way to celebrate our profession and educate the public about how pharmacists can help them get the most benefit from their medicine."

Fortier says hospital and health system pharmacists are able to take on enhanced patient care roles because of a number of factors, including the deployment of highly trained, nationally certified technicians and new technologies, such as robotics, that prepare and dispense medications. "Pharmacists are experts on thousands of medications available today, how they work, and the ways to use each one safely and effectively," says Fortier.

An exhibit detailing the evolution of the MGH Pharmacy is now on display in the Putnam Gallery of the Paul S. Russell, MD Museum of Medical History and Innovation. ■

TEAMWORK: MGH Pharmacy staff members

PUMPKIN PAINTING: Halloween came a bit early this year for Evan Apperti, 11, and other patients at MassGeneral Hospital *for* Children (MGH*f*C). On Oct. 17, volunteers from the retail chain Spirit Halloween brought Halloween cheer to Ellison 18 with the Spirit of Children program, complete with costumes, decorations, games and crafts. Founded in 2006, Spirit of Children supports child life departments across the country with its annual campaign. To date, the Spirit of Children program has raised nearly $200,000 for MGH*f*C.

Announcements available online

To read this week's "What's Happening" items, visit www.massgeneral.org/news/hotline

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-724-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 820
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at www.massgeneral.org/news/hotline or by scanning the QR code above.

10.31.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Everyday heroes

DEDICATED TO MAKING A DIFFERENCE: From left, Ngueya and Gaboriault

"CULTURAL ANTHROPOLOGIST MARGARET MEAD said, 'Never doubt that a small group of thoughtful committed citizens can change the world,'" said Linda Akuamoah-Boateng, project manager in the Patient Care Services Office of Quality and Patient Safety and co-chair of the MGH Employee Disability Resource Group (EDRG), at the second annual MGH EDRG Breakfast of Champions.

During the Oct. 21 event, Akuamoah-Boateng and Jeff Davis, senior vice president for Human Resources, offered opening remarks and MGH President Peter L. Slavin, MD, presented the Disability Champion Award to two staff members – David Gaboriault, an associate in Mail Services, and Silvianne Ngueya, RN, of Ellison 19.

"Celebrating our Everyday Heroes is truly a fitting theme for these Disability Champion Awards because they recognize individuals who strive to positively impact others on a daily basis," said Slavin. "These honorees embody the spirit of a disability champion and have gone to great lengths to ensure individuals with disabilities are respected and treated with dignity."

Gaboriault has worked at the MGH for 33 years – the last 25 years in Mail Services. In addition to his regular responsibilities, Gaboriault *(Continued on page 4)*

Cowboys, crayons and cheerleaders, oh my!

TRICK OR TREAT TRAIL: MassGeneral Hospital *for* Children (MGH*f*C) patients suited up for the annual Trick or Treat Halloween Parade on Oct. 30. Cowboys, superheroes, princesses and ninja turtles made their way through the hallways, filling their bags with treats and goodies. "This is such a fun and child-friendly treat that gets everyone involved and captures the spirit of the Halloween holiday for these special children and their families," said Caroline Armington, MS, CCLS, MGH*f*C child life specialist. "Their eyes grow wide with wonder as they seek goodies all throughout the Yawkey building and are greeted by the costumed staff that spread smiles and joy with the treats they share." About 30 patients joined the spooky celebration, along with their families and MGH*f*C staff.

A walk down the aisle on Ellison 9

IT WAS NOT PART OF THEIR JOB DESCRIPTION, but that did not stop nurses on the MGH Cardiac Intensive Care Unit from taking on the role of wedding planners so that a father could walk his daughter down the aisle.

On Oct. 7, MGH patient Hamad Alharbi traded his hospital gown for a three-button suit as nurses transformed the unit's solarium into a wedding venue, complete with balloons, flowers and cake. "My parents are the candle that showed me my way in life," says Hamad's daughter Ralah Alharbi. "It meant everything to me to have my father present as I take this next step."

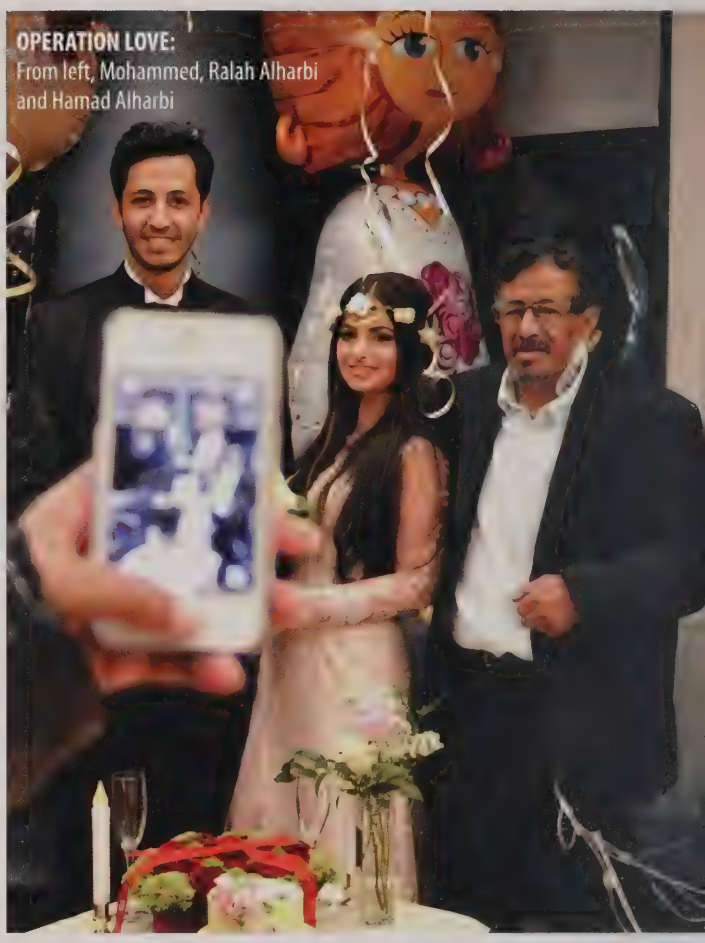
Hamad is awaiting a heart transplant as a result of cardiac amyloidosis, a fairly rare disease that is caused by deposits of a protein-like material around the cells of his heart that led to progressive damage. Because of her father's medical status, Ralah and her fiancée Rusdhi Mohammed – who both live in Saudi Arabia – traveled more than 7,500 miles to bring their wedding to him.

"I met Ralah, my now beloved wife, in a hospital during our studies – it was our destiny to get married and to have our wedding in a hospital," says Mohammed.

The ceremony was officiated by Iman Talal Eid, ThD, MGH Muslim chaplain, and included traditional Saudi Arabian customs. Staff members were invited to join the celebration, as well as Hamad's "patient family" on the unit.

"It was an honor to be part of such a great moment in Mr. Alharbi's life," says Kenneth Wong, RN. "It made me reflect on how many of our patients are living in our hospital for months missing out on moments outside of the MGH. It was nice to provide him with some normalcy."

For a man whose life was focused on supporting his family, the roles now are reversed. "My daughter refused to get married without me," Hamad says. "God only knows when I will see my family again. I am so grateful the MGH made it possible for me to see my beautiful daughter get married. It will forever hold a special place in my heart." ■



OPERATION LOVE: From left, Mohammed, Ralah Alharbi and Hamad Alharbi

Rolling back school nutrition standards may threaten progress in addressing childhood obesity

EFFORTS TO ROLL BACK current nutritional standards for the National School Lunch Program could jeopardize gains made in the fight against childhood obesity, write the authors of an article that will appear in the Nov. 13 *New England Journal of Medicine* and has been released online. The Perspectives article by two MassGeneral Hospital *for* Children (MGH*f*C)-affiliated pediatricians addresses the claims raised by opponents of the current standards and stresses the standards' importance for maintaining the progress that has been made to improve the quality of school meals.

"The School Lunch Program provides meals to more than 30 million students a day, and few other programs that can protect against obesity and chronic diseases have such a broad reach," says Elsie Taveras, MD, MPH, chief of General Pediatrics at MGH*f*C and a co-author of the *NEJM* article. "The recent politicization of the program and attempts to roll back the improvements that have been made represent to us – as pediatricians and public health practitioners – a threat to children's health, development and academic success."

> "The recent politicization of the program and attempts to roll back the improvements that have been made represent to us — as pediatricians and public health practitioners — a threat to children's health, development and academic success."

Established in 1946, the National School Lunch Program provides free or reduced-cost meals in more than 100,000 public and nonprofit private schools and other child-care institutions nationwide. A 2008 Institute of Medicine report found that children participating in the program were eating few fruits and vegetables – with potatoes accounting for one-third of their vegetables – and consuming high levels of saturated fats and sodium. The 2010 Healthy, Hunger-Free Kids Act specified updated nutritional standards for the program – increasing servings of fruits, vegetables and whole grains, and limiting calories, trans fats and sodium.

Gradual implementation of the new standards began in 2012, but in recent months some school officials, food industry representatives and the School Nutrition Association – a professional organization that includes food manufacturers – have claimed that students were unwilling to accept meals prepared under the new standards, leading to increased waste of uneaten food and reduced participation in the program overall. They also have claimed that meeting the standards is difficult and has increased operating costs. In response to these claims, the 2015 House of Representatives budget resolution – currently on hold but needing to be resolved by December 2014 – includes a waiver that would allow schools with a 6-month net loss in school lunch revenues to return to the old standards.

In their article, Taveras and lead author Jennifer Woo Baidal, MD, MPH – a

(Continued on page 4)

'When Domestic Violence Overlaps with Disability'

MARIA IS A 58-YEAR-OLD WOMAN with a history of verbal, emotional, financial and physical domestic violence in a relationship with her boyfriend of five years. Two years ago, a stroke left her with several disabilities including partial paralysis and difficulties with her memory. Consequently, Maria needs assistance with some activities of daily living, and her boyfriend provides this assistance.

Maria presents to the Emergency Department with her boyfriend. She has a black eye. She tells triage she bumped into a bookshelf, but later meeting privately with a caretaker she discloses that her boyfriend had become angry and punched her in the face.

This was the scenario – not based on an actual case rather constructed from common themes – presented at an Oct. 27 panel discussion, "When Domestic Violence Overlaps with Disability," in the Haber Conference Room. Panelists from the hospital and state agencies – Gayle Hoisington, LICSW, MGH Social Service; Susan Love, a project coordinator for the Massachusetts for Disabled Persons Protection Commission (DPPC); and Sabrina Cazeau-Class, director of Protector Services for the Massachusetts Rehabilitation Commission – explored the special challenges health care professionals encounter providing care to patients with disabilities living with abuse.

"The abuse may be-self evident – the caretaker may take away medications or leave them unbathed for weeks at a time," said Cazeau-Class. "You might even have a caretaker that is well-meaning, but if they fail to do what they should have done, it is still reportable."

In situations much like Maria's, a health care or service provider is obligated to report suspected abuse or neglect to the DPPC, a state agency responsible for investigating instances of abuse against a person with disabilities.

"It is important to let them know that you are a mandated reporter," Hoisington said. "It is helpful for people to know that the bulk of what they are talking about is confidential – so they can decide what they want and don't want to say."

Once filed with the DPPC, the report is screened that day and reported to the appropriate agency for follow-up. "Based on the nature of the abuse, we will report to the Massachusetts Rehabilitation Commission," explained Love. "We want to make certain we approach every case in a delicate manner."

The Massachusetts Rehabilitation Commission then conducts an investigation and offers services and resources to ensure the victim's safety and to prevent further injury.

"It is our responsibility to address allegations of abuse and provide protective services," said Cazeau-Class. "We are there to provide the victim with choices and to keep them safe within the community."

If staff suspect a patient is being abused, they should directly contact the social worker assigned to their department or contact HAVEN (Hospitals Helping Abuse and Violence End Now) at MGH at 617-724-0054. For additional resources for people with disabilities and domestic violence survivors, visit *http://sharepoint.partners.org/mgh/mghaccessibilityresources.* ■

ADVOCATES AGAINST VIOLENCE: From left, Hoisington, Love and Cazeau-Class

Benefits Open Enrollment runs through Nov. 16

OPEN ENROLLMENT for health and wellness benefits runs from Nov. 3 to 25. Employees will receive details at their home address, including instructions about how to select your 2015 benefits via PeopleSoft.

There are four changes to health and wellness benefits effective in 2015 that employees should take note of when selecting their plans:

- The employee share of health insurance premium costs will rise by 2 percent.
- Prescription Drug Coverage will be moved to CVS/caremark. Out-of-pocket costs for prescriptions remain unchanged, but those who take maintenance medications will be required to purchase their prescriptions by mail order or at a CVS/pharmacy location.
- The CVS/caremark plan includes a new out-of-pocket maximum, dependent on your health insurance plan and income level. Once this maximum is reached, you will no longer be responsible for co-pays when picking up your prescriptions.
- Starting Jan. 1, specialty and inpatient care at Boston Children's Hospital will be covered at the Plan level (higher out-of-pocket cost), rather than at the Partners Preferred level (lower out-of-pocket costs).

MGH Human Resources also will offer informational meetings throughout Open Enrollment. A schedule of these sessions will be announced via the Broadcast MGH email distribution list.

FESTIVAL OF LIGHTS FEAST: Employees of all faiths and beliefs gathered to celebrate Diwali on Oct. 27 in the East Garden Room. The evening ceremony, hosted by MGH Human Resources, marked the Hindu festival of lights, an annual five-day festival in which Hindus, Jains and Sikhs celebrate the victory of light over darkness.

— *Heroes*

(Continued from page 1)

oversees, trains and supports the volunteers in the department, including three people with disabilities.

"When I found out I was receiving this award, I was stunned," said Gaboriault. "I still find it hard to believe."

Slavin shared an excerpt from Gaboriault's nomination, "There are countless examples where David goes above and beyond to enhance the volunteer's experience in Mail Services. He genuinely cares about each and every volunteer and will do anything to help them whether it is work related or personal."

Ngueya has been a member of the nursing staff on Ellison 19 for the past five years. Her colleagues say she is extraordinarily committed to and passionate about connecting with her patients, advocating and motivating them to a successful recovery. She also has become a role model for teaching nurses.

"I am honored and humbled to receive this award," Ngueya said. "What I do for my job I do on a daily basis. I treat patients the way I want to be treated. I treat them as equals."

In addition to Gaboriault and Ngueya, the EDRG recognized nine award nominees. ■

— *Study*

(Continued from page 2)

fellow in pediatric health services research at MGH*f*C and a pediatric gastroenterologist at Boston Children's Hospital – note the following:

- Most of those raising objections to the current standards have an interest in keeping program costs as low as possible and have not documented their claims.
- Waste of fruits and vegetables served in school lunches has been a problem for many years, and a recently published study found not only that waste had decreased under the new standards but also that students were eating greater proportions of the served entrees and vegetables and more fruit.
- The decline in participation in the school lunch program goes back to the 2007-08 school year, and a recent Government Accounting Office report found that the reasons for the decline were unclear and supported maintaining the new nutrition standards.
- It is well known that children's food preferences are changeable and that their willingness to accept new foods increases with greater exposure to new options.

They also write that more than 200 organizations – including the American Academy of Pediatrics, the American Heart Association, and the Academy of Nutrition and Dietetics – along with Secretary of Agriculture Tom Vilsack and first lady Michelle Obama have opposed challenges to the new standards. And while current leaders of the School Nutrition Association are among those calling for changes, a group of 19 past presidents has opposed the waiver. The authors suggest that schools could improve both the quality and acceptability of the meals they serve by collaborating with local chefs, dietitians, parents and students.

"Allowing schools to opt out of the new school lunch standards would deny many children access to healthy meals and represent a large step backwards in the efforts to prevent childhood obesity," Woo Baidal says. "Matters of children's health should not be driven by political considerations."

Submit news tips and story ideas to *MGH Hotline*

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

11.07.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Starry afternoon

EACH AUTUMN, MGH Patient Care Services celebrates 12 extraordinary employees at the One Celebration of Many Stars Awards and Recognition Ceremony. The event is particularly meaningful because all of the awards are named in honor of grateful patients and exemplary employees.

"We call this 'One Celebration of Many Stars,' and why do we do that? Because of the energy and essence of purpose that comes from being together to celebrate our millions of contributions that are generated each second of every day," said Jeanette Ives Erickson, RN, DNP, senior vice president for Patient Care and chief nurse, who welcomed guests to the Oct. 29 ceremony in the O'Keeffe Auditorium.

STAFF SHINES: One Celebration of Many Stars honorees

Last year's recipients served as presenters of the seven awards. Carla Polonsky, CMI, a medical interpreter in Interpreter Services, who has been part of the MGH family for 10 years, received one of two Anthony Kirviaitis Jr. Partnership in Caring Awards. She was described in her nomination as a kind and compassionate colleague known throughout the hospital, who is always looking for ways to assist patients and families.

"I cannot begin to tell you how happy and grateful I am," Polonsky said. "I love to work at the MGH and especially in Interpreter Services. We all care for patients and families in the very best way we can."

Brenda Pignone, RN, White 7, recipient of The Norman Knight Preceptor of Distinction Award, was praised as an extraordinary preceptor who provides every opportunity for new nurses to build a solid foundation.

"I share this award with my colleagues on White 7," said Pignone. "Without them this would not be possible."

(Continued on page 3)

POSITIVE REINFORCEMENT: Burton, left, and Bourgeois

Restoring quality of life

KNOWN FOR HER FEISTY INDEPENDENCE, Shirley Burton, 87, can often be seen walking from her West End apartment to physical therapy sessions at the MGH or to dinner with friends. That is a far cry from where Burton was just one year ago, when she had nearly given up hope she would ever feel herself again. Partially blind and battling chronic obstructive pulmonary disease and emphysema, she says the idea of even getting out of bed was a burden.

"I was at a point where I just thought, 'I'm 87 and I feel it,'" she says.

Burton's doctor, Leo Ginns, MD, director of the MGH Center for Advanced Lung Disease, says once people become less mobile, they become less capable of doing things for themselves – even the basic activities of daily living. As a result, they become depressed, which feeds into a cycle of diminished activity. In Burton's case, Ginns believed she would benefit from a pulmonary rehabilitation program, which includes physical therapy and is designed to help people with respiratory problems recover faster. The MGH program features individualized exercise training, education, counseling and support for patients and their families.

"She didn't think it would be worth it," says Ginns. "She was partly overwhelmed and not fully convinced, but she said she would give it a shot."

In the spring of 2013, Burton met with Mary Bourgeois, PT, DPT, CCS, a senior clinician in MGH Physical Therapy Services. The program began with simple strengthening, slowly incorporating a stationary bike and exercises at home.

"There was an improvement in the first month," says Bourgeois. "By the time we were approaching the third month – when we repeated the standardized test of the hallway walk – she had improved substantially and really felt the impact in her daily life."

(Continued on page 4)

Blood donor honor roll

SINCE 1991, STEPHEN TEMPLE, a carpenter in MGH Buildings and Grounds, has made a total of 182 donations at the MGH Blood Donor Center – 61 whole blood and 121 platelet.

"Stephen has made either the maximum of 24 platelet donations, or close to the maximum number of platelet donations in any given 12-month interval, so he has always been a top donor," said Mary Kate Callaway, marketing specialist in the Blood Donor Center.

During the 2014 Employee Donor Recognition Breakfast in the Thier Conference Room, Temple was honored as this year's top employee platelet donor. He was one of 175 MGHers recognized for donating at least four times during the past year.

"Seeing sick cancer patients, I know I am doing something worthwhile," said Temple.

Christopher Stowell, MD, medical director of the Blood Transfusion Service, offered opening remarks at the Nov. 4 event, noting the dramatic increase in the number of donors over the years.

"When I came here in 1991 there were 150 to 200 employee donations made annually, and now there are nearly 3,000," he said. "The patients cannot thank you directly, but on the clinical side we see the benefits. It really does make a difference."

Irene Reske, systems analyst in Research Computing, was among four staff members recognized for donating whole blood the maximum of six times in one year. She said she encourages everyone who is eligible to donate.

GRATITUDE: Stowell, left, and Temple

"You don't need to be a doctor or have technical training," Reske said. "You just need to show up and care enough."

For more information about the MGH Blood Donor Center, visit the center's Facebook page at *www.facebook.com/MGHBloodDonor* or call 617-726-8177. ■

Pioneer in nursing field retires

"I'VE ALWAYS HAD THE NATURAL INCLINATION to take care of people, to organize systems and provide health care that is patient-focused at all times," says Diane Smith, RN, about her five-decade nursing career. "Nurses have a unique skill set and are a vital part of the delivery of health care."

Smith, who retired from the MGH last month, graduated from the MGH School of Nursing in 1966. She practiced for most of her career at the hospital in Internal Medicine, the Cancer Center and very early in her career in the Operating Room. Most recently, she was an access nurse in the Termeer Center for Targeted Therapies.

Continuing education was a passion for Smith, and she paved the way for future generations when she completed the hospital's nurse practitioner program in 1974. "There were very few nurse practitioners in the nation then," Smith says. "At that time, we did not know we were pacesetters. It is amazing to look back and realize that we were so visionary and helped to expand careers for future generations."

Smith also was the brainchild behind the bronze sundial sculpture located on the Bulfinch Lawn. A gift from the Alumnae Board of the School of Nursing, on which Smith served for eight years, the sundial was unveiled in May 2004. "One of the major objectives of the sundial was to further the image of nursing in a very public way," Smith says. "Nurses are traditionally so reticent to publicly acknowledge their skills and unique contributions to the delivery of care. I said at the time of its installation that the sundial is quietly elegant – like nurses."

Ellen Robinson, RN, PhD, nurse ethicist at the MGH, is a close friend and colleague who worked closely with Smith as part of the Clinical Ethics Residency for Nurses program. "Diane has won the respect and admiration of nurses throughout the MGH for many reasons, among them being her undying commitment to high-quality, ethical, patient-and-family-centered-care," Robinson says. "She brought her years of experience and commitment to ethical decision making to many of the early- and mid-career nurses in the program. It was a pleasure working with her."

One fond memory that sticks out from Smith's lengthy career is a patient who was poorly controlled on a diabetic regime. After a discussion with the patient's physician the patient was started on insulin. "She did amazingly well despite limited language skills," Smith says. "Whenever I would see the patient on Hanover Street in the North End, or in the hospital, she would give me a big hug and say, 'Diane, you saved my life.'"

Upon her retirement, Smith says, she will miss the interactions with her patients, their families and her colleagues. "It has been a pleasure to have worked with the best and brightest of medicine and nursing. All members of the MGH family – from the ambassadors to the executive staff – strive daily to make the MGH the center of excellence that it is. I will always treasure and be grateful for my MGH education and experiences."

SMITH

Bridging the gap between clinical research findings and patient care

THE 12TH ANNUAL CLINICAL RESEARCH DAY, held Oct. 9, focused on the importance of bridging the gap between clinical research and patient care practice. Before introducing Maurizio Fava, MD, who became director of Clinical Research earlier this year, MGH President Peter L. Slavin, MD, thanked William Crowley, MD, who founded and led the Clinical Research Program since 1996. "Clinical research is an important expression of the synergies between our clinical and research missions," Slavin said.

In her keynote address, Physician-in-Chief Katrina Armstrong, MD, MSCE, Department of Medicine, noted that, "The ability to integrate research with patient care is really essential to the social value of academic medicine." She detailed examples of MGH investigators whose dedication to pursuing questions encountered in patient care has provided answers that are making a difference for individual patients, groups of patients, delivery systems and the overall community.

The panel discussion moderated by Armstrong and Fava examined current efforts to bridge the clinical research gap. Shawn Murphy, MD, PhD, director of Partners Research Information Systems & Computing, addressed ways to make the massive amounts of data collected in research and in clinical care valuable for current and future uses. Joshua Metlay, MD, PhD, chief of General Internal Medicine, outlined today's needs and challenges in outcomes research. Elsie Taveras, MD, MPH, chief of General Academic Pediatrics, described how engaging stakeholders – patients, family members and community members – strengthens the impact of clinical research by helping define its directions and support implementation of new findings.

Andrew Nierenberg, MD, director of the Bipolar Clinic and Research Program, discussed the growth of patient-powered research networks, noting that trust between patients and investigators is essential to the ability to generate knowledge in collaboration with patients. Harry Orf, PhD, senior vice president for Research, described how resources developed through the strategic planning process – the MGH Research Institute, the Translational Research Center and the Partners BioBank – are helping the MGH maintain its leadership in clinical research.

DEFINING DIRECTIONS: Research poster presentation under the Bulfinch Tents

"This year's Clinical Research Day was a terrific demonstration of the extraordinary talent and depth of the clinical research at MGH," says Fava. "With more than 350 abstracts and poster presentations, ranging from the most translational to the most outcomes-focused, it was certainly a celebration of research excellence. Many colleagues told me that, prior to seeing the posters on the Bulfinch patio, they had no idea of the breadth and scope of clinical research at the MGH. We should all be proud of the clinical research going on at our institution." ■

— *Starry afternoon*

(Continued from page 1)

2014 One Celebration of Many Stars Award Recipients:

Anthony Kirvilaitis Jr., Partnership in Caring Award
Carla Polonsky, CMI, medical interpreter, Interpreter Services
Taopheeq Saheed, unit service associate, Support Services Team

Norman Knight Award for Excellence in Clinical Support
Jacqueline Dos Santos, patient care associate, Neuromedical and Neurosurgical, Lunder 7

Brian M. McEachern Extraordinary Care Award
Colleen Kenneally, RN, Medical Oncology, Lunder 9

Jean M. Nardini, RN, Nurse of Distinction Award
Maureen Beaulieu, RN, Emergency Department, Ellison 1

Norman Knight Preceptor of Distinction Award
Brenda Pignone, RN, General Surgery, White 7

Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award
Katharine Kirsh, PT, Physical Therapy
Caitlin Laidlaw, LICSW, Social Work
Michelle Pollard, SLP, Speech, Language and Swallowing Disorders and Reading Disabilities
Theresa Vachon, RN, Neuromedical/Neurosurgical Intensive Care, Lunder 6

Marie C. Petrilli Oncology Nursing Award
Maria Lavadinho-Lemos, RN, Medical Oncology, Lunder 9
Rebecca Loh, RN, Medical Oncology, Lunder 9

TEAM EFFORT: On Nov. 4, staff from the MGH Institute for Heart, Vascular and Stroke Care's Fireman Vascular Center and the Heart Center's Knight Center for Cardiovascular Therapy were highlighted at the Vascular Interventional Advances conference in Las Vegas. The MGH participated as a live case site for the conference, streaming four complex vascular interventions to the more than 2,300 attendees at the conference. Staff demonstrated interventions for patients with peripheral artery disease. Kenneth Rosenfield, MD, director of Vascular Medicine and Intervention, led the MGH live case team and performed several of the cases, along with Joseph Garasic, MD, director of Peripheral Vascular Intervention, and Douglas Drachman, MD, director of the Cardiovascular Fellowship Program. Michael R. Jaff, DO, medical director of the Vascular Center and chair of the Institute, provided commentary on the cases from Las Vegas.

Announcements available online
To read this week's "What's Happening" items, visit www.massgeneral.org/newshotline

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at www.massgeneral.org/newshotline or by scanning the QR code above.

A second chance at life

LIVING ORGAN DONORS ARE A SPECIAL GROUP who have made the selfless choice to undergo surgery that is of no physical benefit to them. On Oct. 18, these extraordinary individuals – who voluntarily offer a kidney or portion of their liver to a patient on the MGH transplant list – were honored at the MGH Transplant Center Living Donor Forum in the Buckley Conference Room.

"We started the forum because we felt that our living donors needed a place to share these unique experiences, a place where they could continue to be honored for the gift they gave," said Karen Tanklow, MSW, a clinical social worker in MGH Social Service. "These events afford us the opportunity to learn from the 'experts' how to enhance the donor experience."

Tanklow – along with transplant coordinators Anne Seaward-Hersh, RN; Denise Morin, RN; and assistant live donor transplant coordinator Jobanna Garcia – established the forum in September 2013. Participation has continued to increase at each event with nearly 20 attendees at the most recent forum. Each donor had an opportunity to share their experience, many noting how it changed their lives for the better. In addition to sharing their experiences, the donors seek to raise awareness. By speaking publicly about the living donation process, they hope other potential donors will gain more insight into the process.

"One misconception consistently mentioned is that you need to be related to the recipient or have the same blood type to donate," said Tanklow. "Donors and recipients no longer need to be related to donate, and if their blood type does not match, there are other options available, such as kidney paired exchange."

To learn more about the MGH Living Donation program, call 877-644-2860.

MAKING A DIFFERENCE:
From left, Morin, Garcia, Seaward-Hersh and Tanklow

A flurry of transplants

TWENTY-ONE TRANSPLANTS were performed at the MGH in October, making a total of 176 to date in 2014 across all organ programs – 16 more transplants than last year. Although October was not a record month, there was a flurry of transplants in a three-day span. From Oct. 20 to 22, five kidneys and four livers were transplanted. Each transplant requires coordination among transplant surgeons, donor hospitals, transplant nurse coordinators, inpatient staff, intensive care units, operating rooms, central processing and New England Organ Bank colleagues.

"This is truly a commendable achievement for our staff to bring the gift of life to our patients who have waited on the transplant list," says Angela Marquez, MPH, administrative director, MGH Transplant Center and Division of Transplant Surgery. "Thank you to everyone involved in the organ donation and transplantation efforts and the care of our patients and families at the MGH."

— *Quality of life*

(Continued from page 1)

Bourgeois believes Burton's dramatic recovery is a direct result of the department's collaborative form of care, along with her willingness to keep appointments and to follow the home exercise program.

"Dr. Ginns and I communicate on a regular basis and when I notice a decline I often consult with him," says Bourgeois. "It is really nice to talk about what was helpful to Ms. Burton, which is also helpful in the treatment of other patients."

Their efforts have not gone unnoticed. The MGH was recently awarded the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) certification – recognizing commitment to improving the quality of life by enhancing standards of care. AACVPR-certified programs are recognized as leaders in the field of pulmonary rehabilitation because they offer the most advanced practices available.

"We always had strong referral relationships, but AACVPR requirements for direct physician involvement and direction of the patient's plan of care has resulted in a more effective partnership," says Michael Sullivan, DPT, PT, OT, director of MGH Physical Therapy Services. "A collaboration has emerged, and we are a stronger team because of it."

Adds Ginns, "Few programs have achieved this level of performance. It is a feather in the cap of this institution."

Burton is just one of the many patients who have benefited from this collaborative approach to care. She says the experience has been life changing.

"Mary has inspired me," she says. "She's given me an incentive to try new things, and if she sees me slacking she's right after me. I think we are friends now." ■

11.14.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

THANK YOU: MGHers, from left, Ed Zamejtis, Anthony Rizza, Dave Bourque, Richard Ehrlichman, MD, and Wallace

Serving those who served

AS A SENTRY DOG HANDLER, Russell Wallace's job was to protect the base at night while everyone else slept. When he returned home from the Vietnam War, adjustment back into civilian life was difficult.

"When I came back from the war, there was no one to mentor me, but I managed to find my way into the workforce so I thought, why not try to help our returning veterans?" he said.

Wallace, a senior automation manager in MGH Buildings and Grounds, is one of dozens of MGH managers who have volunteered for the American Corporate Partners (ACP) Veteran Mentoring Program, connecting veteran protégés with mentors for a yearlong mentorship.

The ACP program was highlighted at the annual Veterans Day Appreciation Breakfast under the Bulfinch Tent. The Nov. 11 event, honoring the nearly 400 MGHers who have served or are currently serving, included opening remarks from Jeff Davis, senior vice president of Human Resources; David F. Torchiana, MD, chairman and CEO of the MGPO; and retired Brig. Gen. Jack Hammond, executive director of the Red Sox Foundation and MGH Home Base Program.

"I want to thank veterans here not only for their service to the country but their service to the community at the MGH," said Hammond.

(Continued on page 4)

MGPO dinner honors clinical excellence

NEARLY 700 PHYSICIANS and guests celebrated the 20th anniversary of the MGPO at the Nov. 1 Physician Recognition Dinner at the Westin Boston Waterfront Hotel. The evening also honored the memory of MGH cardiologist Brian A. McGovern, MD, with the presentation of the McGovern Awards for Clinical Excellence, created in 2004 to honor physicians who emulate his dedication, compassion and kindness. The awards are endowed by a generous gift from Ira and Jacquie Stepanian.

Three honorees were selected from among the 102 nominees: Bonnie Mackool, MD, of the Department of Dermatology; Francis McGovern, MD, of the Department of Urology; and Peter Mueller, MD, of the Department of Radiology. In addition, Katharine Treadway, MD, of the Department of Medicine, received the Trustees Medal, a lifetime achievement award occasionally given by the MGPO Board of Trustees.

(Continued on page 2)

COMPASSIONATE CAREGIVERS From left, Francis McGovern, M[illegible] and Mueller

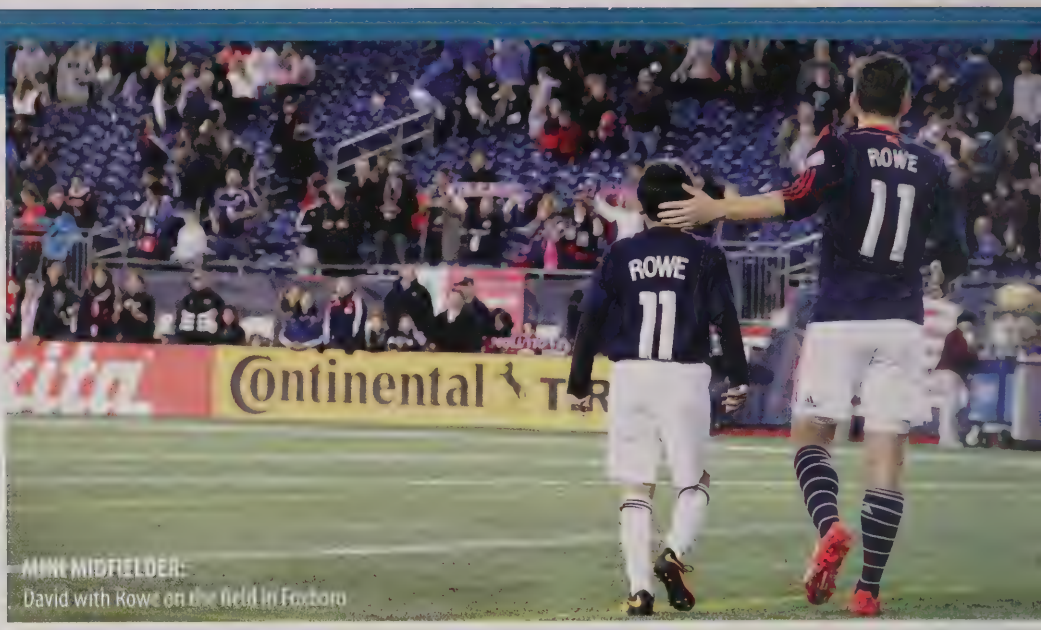
Tackling cancer one rock at a time

MASSGENERAL Hospital *for* Children (MGH*f*C) recently teamed up with One Summit, a rock climbing program that helps pediatric cancer patients build courage and self-confidence to fight the disease. On Nov. 8, at the Central Rock Gym in Watertown, nine MGH*f*C patients were partnered with a group of Navy SEALs for the "Climb For Courage," a four-hour rock climbing challenge where patients learned about gear, techniques, and working together to overcome adversity and challenges.

"When you start cancer treatment, you have to overcome the fears of beginning a new challenge. And there's bravery in that," said Adam LaReau, a former Navy SEAL who founded One Summit in honor of his mother who died from cancer 10 years ago. "One Summit teaches children about breaking a larger problem, the rock wall, into achievable goals. It also shows that overcoming setbacks – like getting stuck on the wall, having to change routes and placing trust in your Navy SEAL teammates – is like placing trust in a child life specialist and a doctor. It is a mentorship program more than anything, and we are bringing warriors and little warriors together to provide them with the skills they need to battle cancer on their own."

CLIMBING FOR COURAGE: Avi Ayanyan, 10, scales the rock wall.

PHOTO COURTESY OF RACHAEL RUSSELL



MINI MIDFIELDER: David with Rowe on the field in Foxboro

A soccer kick for a cause

WHEN MASSGENERAL HOSPITAL *FOR* CHILDREN (MGH*f*C) patient David Badaro, 11, found out he was invited to attend the New England Revolution's final game of the season, he was elated. Soccer is, after all, his favorite sport.

"I can't explain how happy he was when he got the call," says David's mother, Cris Badaro. "He just yelled, 'Yes!'"

David's trip to the Oct. 25 New England Revolution game against Toronto FC was made possible by Kelyn Rowe, a Revolution midfielder, and The Jessie Rees Foundation: Team Never, Ever, Give Up (NEGU) – an organization which aims to provide children facing cancer with the support, resources and resilience they need to fight the disease.

Rowe first met David in July when he visited the MGH for NEGU Adventures, a program designed to give children with cancer an opportunity to be distracted from treatment by participating in special events and visits from athletes and entertainers. Rowe says he and David had an immediate connection because of David's love of soccer. "I want to help any way I can, and I want to make sure those kids don't just see their hospital beds every day, they get to see a great sporting event," says Rowe. "If a kid is going through troubled times, any time I can put a smile on their face it is worthwhile and it sticks with them. I think it stuck with David very well."

On game day, David went onto the field during team warmups and kicked the ball with Rowe. He and his family then watched the game from a reserved suite, and when the 75th minute approached, David was again brought onto the field where he ran a couple of laps with Rowe as fans cheered for him.

"I can't express how meaningful it is," says Cris Badaro. "This was a very nice experience. We were very appreciative. For David, this was a big thing. We were very happy that Kelyn could do this for David." ■

— *MGPO dinner*

(Continued from page 1)

Each award recipient was announced by a physician colleague who read excerpts from the nomination letters. Taylor Thompson, MD, of the Pulmonary and Critical Care Unit, honored Mackool as the medical services recipient, noting her unparalleled clinical acumen, expertise and patient-centered focus. "Her commitment to patients is extraordinary," said Thompson. "She will find a way to see any patient who needs her, answer any colleague's question. And if she doesn't know the answer, she'll find it out."

Robert Hughes, MD, of the Department of Medicine, praised Francis McGovern, the surgical recipient, for his meticulous attention to detail, gentleness and dedication to patients. "His is the first name uttered when this kind of specialist is needed and he is the first to respond when called upon," said Hughes. "His management and decision making are always appropriate. His compassion for his patients is what drives him and what makes him a role model for those who work alongside him."

Mueller, the recipient from other services, was acknowledged for his willingness to help, collegiality and joy of practice. "He is widely recognized throughout MGH for his unwavering willingness to help with the most difficult cases," said Janey Pratt, MD, of the Department of Surgery. "His collegiality is legendary and refreshing in the face of the time-compressed, high-pressure world in which we live and practice."

To view event photos and videos, learn more about McGovern and access the online version of the MGPO 20th Anniversary Report, visit *http://mgpo.partners.org*.

Integrated medical technology may ease Ebola's complicated procedures

AS HEALTH CARE WORKERS across the country prepare for the possibility of treating a patient with Ebola, an MGH research team is working hard to rapidly identify technology-based solutions to support Ebola care.

"If we can avoid entering the patient's room unnecessarily, we can reduce the risk of exposure to the caretaker, and with remote control devices we can respond more quickly to the patient's needs," says Julian M. Goldman, MD, of the MGH Department of Anesthesia, Critical Care and Pain Medicine, director of the MGH Medical Device Plug-and-Play (MD PnP) program and medical director of Partners Biomedical Engineering.

In response to a request from a White House official, Goldman and MD PnP staff quickly assembled a team from government agencies and companies including General Electric, Qualcomm, Covidien and DocBox, many of whom have collaborated with Goldman in the past. During a three-day hackathon – culminating with a demonstration on Nov. 6 – the team used MD PnP's open-sourced integrated clinical environment (OpenICE) platform to show ways in which medical sensors and control devices can share data in quarantine situations and remote controls can make intensive care units safer. Researchers demonstrated a cornucopia of interoperable technologies – including a remotely controlled ventilator system, a patient storm tracker designed to display patterns of a patient's illness and a smartphone app created to remotely monitor vital signs.

"This is another piece of the puzzle," says Tracy Rausch, CEO and founder of DocBox. "We have created a way to run applications that move data across the hospital to protect caretakers and provide safer care to patients. It's like an iPhone, but for the health care industry."

Says Brian Russell, vice president of Business Development Wireless HealthCare at Covidien, "Caring for a patient with Ebola requires constant monitoring. As part of this lab demonstration, we have integrated wireless vital sign monitoring through the OpenICE platform allowing clinicians to see and analyze an enormous amount of data."

According to Goldman, data integration and remote control of medical devices have long been stymied by liability concerns and regulatory scrutiny, but the Ebola response has opened a window. With the backing of federal agencies like the Food and Drug Administration (FDA), prototypes may soon become possibilities.

"We are the only program of its kind in the world," Goldman says. "We are setting the stage for the 'medical Internet of things,' where medical devices are interconnected and information is openly shared. The power of a community is much stronger than that of a single product." ■

ICU OF THE FUTURE: Goldman demonstrates how technology can enhance patient care.

Wartime technology

THE DEPARTMENT OF DEFENSE has awarded grants to two MGH investigators – Julian M. Goldman, MD, of the MGH Department of Anesthesia, Critical Care and Pain Medicine, director of the MGH Medical Device Plug-and-Play (MD PnP) program, and medical director of Partners Biomedical Engineering, for "Interoperability Platform to Facilitate Force Health Protection and Readiness;" and Rajiv Gupta, MD, PhD, of MGH Imaging, for "A Motion-Free CT System for Forward Surgical and En Route Care."

Goldman's project leverages his prototype open platform for integrating devices in the clinical environment (OpenICE) to address important military health needs for soldiers in the field, with a particular focus on helping care providers become more effective and efficient.

"Sensors and applications deployed with 'Wartime' OpenICE may enable the Department of Defense to reduce the number of medics required for monitoring, as well as reducing the time to make a decision regarding return to duty or escalating medical care, while ensuring the accuracy of data for decision-making," Goldman says.

An OpenICE demonstration is available at *www.openICE.info*.

Gupta's proposal aims to fundamentally change X-ray computed tomography. If successful, it will make CT imaging available under real-life military constraints for monitoring and management of severely injured casualties both acutely, and during episodes of delayed or prolonged evacuation. The technology also may be used for civilian purposes, such as portable scanning in an ambulance for acute stroke management.

"This research aligns MGH missions of caring and serving with those of the Combat Casualty Care Research Program by providing integrated imaging capabilities for far-forward medical care to reduce the mortality and morbidity associated with major battlefield wounds and injuries," says Gupta.

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit www.massgeneral.org/news/hotline

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Advocacy and awareness

FOR ARIANNE SHADI KOUROSH, MD, of the MGH Department of Dermatology, being an advocate for her patients goes far past the four walls of the clinic. As the state advocacy leader for the American Academy of Dermatology Association (AADA), Kourosh travels every year to Washington, D.C. to meet with members of Congress about issues affecting patient care. This year, she was accompanied by Daniel Sugai, MD, MGH's first recipient of the AADA resident scholarship.

"The AADA Legislative Conference gives physicians the opportunity to meet members of Congress, be active members of the legislative discussion and provide some direction to the decision process," says Kourosh. "When I was a resident in Texas, I was granted an AADA resident scholarship, so it was wonderful for me to be able to nominate a fantastic resident like Dan and now mentor him in the advocacy process. Patient advocacy should pervade our practice of medicine and should be an integral part of the training of physicians."

As a recipient of the scholarship, Sugai was given a front-row seat to the legislative process. When he returned to the MGH, he gave a presentation to his fellow residents about legislation that is currently being discussed.

"It was such a unique experience to be able to learn about the legislative process and meet the people who represent us on Capitol Hill," says Sugai. "After my presentation to the residents, I noticed my colleagues became interested and more cognizant of the issues at hand."

CONVERSATIONS ON CAPITOL HILL: From left, Sugai, Sen. Elizabeth Warren and Kourosh

GATSBY GALA: The Julie Fund for Women's Cancers celebrated its 10th anniversary with a Great Gatsby-themed gala Nov. 1 at The Fairmont Copley Plaza. The Julie Fund has donated more than $2 million to the Mass General Cancer Center to support research, patient and family assistance and education.

One of the most pressing issues addressed at this year's meeting is the lack of patient access to doctors their treatments stemming from increasingly narrow provider networks. "The AADA has won certain victories, but new challenges always come with the ever-changing climate of health care reform," says Kourosh. "In the end, it's important for our patients to know that their doctors are working for them and we are thinking of them even when we are not in the clinic. As physicians, we are not just concerned constituents; we are experts in public health. We are not just representing ourselves – we are speaking on behalf of our patients." ■

—*Serving those who served*

(Continued from page 1)

Sean Srichankij, a clinical research coordinator in the MassGeneral Hospital *for* Children Center for Child and Adolescent Health Policy, spoke about his experience in the mentorship program. Srichankij, who enlisted in the U.S. Army when he was 18, was paired with David Perkins, MBA, administrative director of MGH Research, who also spoke at the breakfast.

"Transitioning from the military world can be quite challenging, and having that experience really helped me with that transition," said Srichankij. "Dave's experience with MGH led to a very successful internship. This is a really great program, and I always recommend it to fellow veterans. It is well worth it."

The event also unveiled the MGH's new honor roll of employee veterans that will soon hang on the Employee Recognition Wall across from the MGH General Store. The honor roll includes the names of all employees who have identified themselves in PeopleSoft as veterans. ■

11.21.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Addressing musculoskeletal health disparities

MOOD, MINDSET AND COPING STRATEGIES are often identified as major determinants of musculoskeletal pain and disability, but the impact of a patient's ability to adapt to another culture or language remains unclear.

"Imagine not being able to speak to your doctor in your native language," said David Ring, MD, PhD, chief of the MGH Hand and Upper Extremity Service.

Ring and Mariano Menendez, MD, a research fellow in the Department of Orthopædic Surgery, recently presented the results of three studies related to musculoskeletal disparities at the Racial and Ethnic Disparities: Keeping Current seminar series. The annual event, hosted by the Disparities Solutions Center, addresses the latest research findings, interventions and health policy issues related to reducing disparities in health care.

The first study examined whether a patient's primary native language is an independent predictor of upper extremity disability and whether there are any differences in the contribution of psychological factors to disability between native Spanish-speaking and English-speaking patients.

BREAKING BARRIERS: From left, Green, Ring and Menendez

"We observed that Spanish-speaking patients have greater levels of upper extremity disability, but this greater level seemed to be tied to less effective coping strategies and symptoms of depression," said Menendez.

Added Ring, "Stress, distress and ineffective coping strategies are the strongest influences on symptoms and disability."

The prevalence of and factors associated with low health literacy among hand surgery patients was the focus of the second study. The results showed those with low literacy were significantly more likely to be older, less educated,

(Continued on page 2)

HAPPY ANNIVERSARY: From left, Maurizio Fava, MD, executive vice chair of Psychiatry, Wornick, and Rosenbaum

Psychiatry celebrates 80 years

EIGHTY YEARS AGO, the MGH Department of Psychiatry began with a gift from the Rockefeller Foundation and a vision to create a union of care for the body and mind. Today, the department is part of mainstream medicine at the hospital. One out of every eight inpatients on a medical or surgical unit receives care from the psychiatric team, which comprises 550 affiliated psychiatrists, psychologists and scientists, and 200 residents, interns and fellows.

In celebration of its 80th anniversary, the Department of Psychiatry hosted a daylong event on Nov. 7 at the Boston Harbor Hotel, featuring seminars and roundtable discussions on topics including depression, bipolar disorder, addiction and substance use disorders. In a video played during the festivities, singer Carly Simon shared her personal struggles with depression and anxiety. The day culminated with an evening art auction – Susan Wornick, former WCVB-TV news anchor served as event auctioneer – and a reception with proceeds supporting the department's patient and family educational programs.

"I am struck by how much has changed in psychiatry at the MGH – and elsewhere – since I arrived here in 1974 as a first-year resident," said Jerrold Rosenbaum, MD, chair of the Department of Psychiatry. "I am also proud of its growth and its stance as the leading psychiatry department in the country."

The department offers 50 specialized clinical and research programs and provides educational programs for practicing psychiatrists and other mental health professionals and for patients and families. The department's clinical and scientific faculty members also pursue a comprehensive research agenda, involving more than 100 studies and clinical trials.

"We are uniquely constructed to marry together clinical care and research, side-by-side, hand-in-hand, as these insights inform our research efforts," Rosenbaum said. "Of course, the well-being and benefit of the patient is always on our mind as the end goal all of our scientific work. Through research, we hope to change the world. Through our clinical work, we change the world – one patient, one child, one family at a time." ■

MGH, Samsung, MIT host medical hackathon

CREATIVE COLLABORATION: Organizers from MGH and MIT gather following the hackathon.

ONE HUNDRED SIXTY-EIGHT years ago, a group of physicians gathered in a surgical amphitheatre – known today as the Ether Dome – to witness an innovation that would change health care forever. With the first public demonstration of ether as an anesthetic, these physicians ushered in a new pain-free era in surgery, taking the course of medicine in a new direction. On Nov. 7, in that very room, a group of clinicians, scientists and medical engineers gathered to kick off a medical hackathon co-hosted by the MGH and Samsung Electronics in collaboration with MIT Hacking Medicine. The 36-hour event featured 100 participants, experts and advisers from a number of fields, all charged to spur innovation in mobile applications and wearable technology to improve health care.

"Our challenge to the group was to think about the key administrative hurdles that threaten to derail many of the health care advances of the past century," says David Y. Ting, MD, MGPO chief medical information officer. "We live in a time of unprecedented amounts of health data and technology, but all too often the sheer volume of information can be overwhelming. Their task was to envision how mobile and wearable technology could address the problem."

After the initial kickoff, which included remarks from Samsung and MIT officials, the hackathon moved to the Hyatt Regency Boston. Each team selected a specific problem to address, was provided with software and hardware and received assistance from technological, business and other expert advisers. The hackathon model of problem solving has gained in popularity over recent years because the format allows for the combination of creativity and practicality, says Garry Choy MD, MBA, MGPO assistant chief medical information officer for advanced technologies.

"The idea is to get a group of really smart people together in a room, provide resources and guidance, and let them be creative," he says. "The key, however, is to include end-users and industrial experts across a wide variety of disciplines so the outcomes of these challenges have a greater potential for reproducibility and adoption."

Within 24 hours of the initial challenge, 25 teams produced innovative projects and several workable prototypes. Six teams were awarded prizes for winning applications, including a method for streamlining operating room workflows and efficiency, use of wearable devices to improve how physicians access patient data at the bedside, and a program that combines wearable sensors with a kid-friendly interface to promote exercise and healthy habits in children. MGH certified registered nurse anesthetist Anne Que, CRNA, was part of the winning team that conceptualized the project appropriately titled, "ETHER."

"Our project is a device that allows operating room managers to receive real time data from anesthesia providers who can send patient status updates right from their wrist to lessen operating room turnover time," Que said. "It was exhilarating to start from an idea and as a team come up with a viable solution, all in 30 hours of time. The event was buzzing with so much creativity – it was amazing."

Each winning team is also now pre-qualified to submit refined proposals for a chance to compete for the Samsung Healthcare Innovation Grant, which will split $500,000 amongst the winning teams.

For more information about the Innovation Challenge and winning teams, visit: *http://www.massgeneral.org/MGH-Samsung-Collaboration.* ■

— *Health disparities*

(Continued from page 1)

not privately insured, retired or unemployed, and native Spanish-speaking.

"We hope our study raises awareness of this to orthopedic surgeons, and we encourage providers to simplify their messages and improve communications strategies," said Ring. "Keep it simple, short and health literate."

The third study examined racial bias and income disparities in the use of autologous blood – preoperative blood donations individuals give for their own use, which are theoretically safer yet more costly than whole blood donations.

"We found disadvantaged populations received fewer autologous blood transfusions after elective surgery but could not determine if this was due to patient preference, unequal access or health literacy," Menendez said.

He added that more research is required on implementing a simple decision aid for preoperative self donation of blood that would be clear to all educational backgrounds and different levels of health literacy.

"Part of the goal and purpose of the Disparities Solution Center is to create dialogues and foster opportunities such as this," said Alexander Green, MD, MPH, associate director of the Disparities Solutions Center. "These studies underscore the importance of understanding social and cultural factors that impact patient care in all health fields, including highly specialized areas such as hand surgery."

Warren Triennial Prize to honor pioneer in cancer genetics

THE 2014 WARREN TRIENNIAL PRIZE AND SYMPOSIUM, to be held on Nov. 24, will honor Bert Vogelstein, MD, the Clayton Professor of Oncology and Pathology and director of the Ludwig Center for Cancer Genetics and Therapeutics at Johns Hopkins University School of Medicine. The first scientist to determine the molecular basis of human cancer, Vogelstein will speak on Cancer Genomes and the Wars Against Cancer at 4:15 pm in the Simches Center, Room 3.110.

"Dr. Vogelstein is a legend in the field of cancer research. He has pioneered some of the fundamental concepts that underlie our understanding of how cancer arises, how it can be detected and how it should be treated with increasingly targeted therapies," says Daniel A. Haber, MD, director of the MGH Cancer Center. "The scope of his research contributions is exceptional, as is its impact. Just as significantly, he has trained and mentored generations of young scientists who are now making their own important contributions to the field."

VOGELSTEIN AND THE WARREN PRIZE MEDAL

Awarded every third year, the Warren Prize honors scientists who have made outstanding contributions in fields related to medicine and includes a cash award of $50,000. Created in 1871, the prize is named for John Collins Warren, MD, the co-founder of the MGH who performed the first public surgical operation using ether anesthesia on Oct. 16, 1846. Twenty-three Warren Prize recipients also have received the Nobel Prize.

Other speakers at the symposium about the Genetics of Cancer – which will begin at 2 pm and be simulcast to the Isselbacher Auditorium, 7th floor, Building 149 – are Alice Shaw, MD, PhD, and Gad Getz, PhD, of the MGH Cancer Center, Tyler Jacks, PhD, of the Koch Institute for Integrative Cancer Research, Massachusetts Institute of Technology, and Kornelia Polyak, MD, PhD, of the Dana-Farber Cancer Institute. ■

A new and improved *Proto* magazine

TWO-THIRDS OF THE AMERICAN PUBLIC now read the news on a computer screen. More than 90 percent carry mobile devices, and a third use those devices to do most of their online reading and interacting. Half of Twitter's 240 million active users read news from their feeds.

To meet readers where they are, *Proto* magazine will now print three annual issues instead of four. At the same time, *protomag.com* will be updated frequently with new stories, videos, slideshows, interactive graphics and other elements. The website itself has been completely revamped, providing a dynamic experience that is easy to navigate on all devices – computer screen, smartphone and tablet.

In addition, the appearance of the print issue has changed. From a more vibrant layout to a subtle refresh of the logo, the *Proto* team has made tweaks to ensure that the magazine continues to be as visually dynamic as the ideas explored in its stories.

As it has done since its inception in 2005, *Proto* will keep exploring discovery and innovation in medicine not only at the MGH but all over the world. Topics in the current issue include 3-D printing, telemedicine and survivors of childhood cancer.

Visit *protomag.com* and leave feedback. Subscribers to the 275,000-member, physician-only social network Doximity, can find – and comment on – *Proto* there as well.

11.21.14

MGH HOTLINE

Hockey fights cancer

BENCH WARMERS: Area hospital pediatric patients, including those from MassGeneral Hospital *for* Children, served as bench assistants at the Oct. 28 Boston Bruins game against the Minnesota Wild. The team hosted Hockey Fights Cancer Night, an ongoing initiative founded in December 1998 by the National Hockey League and the National Hockey League Players' Association to raise money and awareness for cancer.

Art of healing

MASSGENERAL HOSPITAL FOR CHILDREN (MGH*f*C) patients and their families gathered for a festive afternoon of arts and music at the 10th annual Fall for the Arts: An International Celebration. The Oct. 19 event in the Yawkey Building celebrated the healing arts programs pediatric oncology patients and their siblings participate in throughout the year. The event featured a multicultural theme and children carried passports as they travelled through the many activities – scrapbooking, origami making and creating a collective mandala (a Hindu or Buddhist graphic symbol of the universe) – and received special stamps to document their participation.

Highlights of the day included a performance by the Beelzebubs, an a cappella group from Tufts University who perform at the event nearly every year. Our Space Rocks, a community group that provides creative opportunities for children with cancer and other chronic illnesses, helped participants create a variety of craft projects. Led by child-life specialists, the children also made hero capes and paraded the halls of Yawkey 8.

"From the superhero parade to watching our patients and their families jam with a real steel drum band, this was an incredible day and our best year yet," said Lorrie Kubicek, MGH music therapist.

The afternoon continued with MGH Starz, led by Kubicek, that featured children and their families entertaining the group with their talents. The show included a Chinese dance performance, musical solos in Spanish and Portuguese, and special guitar and drum solos by Pediatric Oncology patients. The program concluded with an awards ceremony to honor the artists who have contributed to the Kaleidoscope program, which displays patient and sibling artwork within the clinic, and those participating in My Story in Beads, a program for children to create a beaded lanyard of their cancer journey.

"What an amazing afternoon for the patients and their families, as well as the clinical staff who care for them. The children showed us the ongoing value of the arts as a means of expression and a source of joy as they navigate the challenges of cancer treatment," said event coordinator Elyse Levin-Russman, LICSW, clinical social worker in the Pediatric Hematology-Oncology Unit. ■

VOYAGERS: MGH*f*C patients travel through various activities at the 2014 Fall for the Arts

Submit news tips and story ideas to *MGH Hotline*

EDITOR
[redacted]

ASSISTANT EDITOR
Emily Williams
617.724.2753

EMAIL
[redacted]

MAIL
[redacted]

Published weekly by the MGH Public Affairs Office

Printed by MGH Printing and Mailing Services

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at www.massgeneral.org/newshotline or by scanning the QR code above.

12.05.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Catwalk for cancer

ROLE MODELS:
Robbins and Haber walk the runway

DANIEL A. HABER, MD, PHD, director of the MGH Cancer Center, and Kate Robbins, a 10-year survivor of advanced stage lung cancer, were among the many models who walked the runway at the Friends of the Mass General Cancer Center Fall Benefit: Couture for Cancer Care at the Revere Hotel in Boston. Featuring MGH caregivers and their patients, the annual fashion show celebrates survivorship and raised more than $285,000 for supportive care programs at the center.

"Dr. Haber wanted me to walk with him because he was the one who figured it all out," said Robbins. "It has been a wonderful opportunity. It is a celebration of not only my life but also the life others can have through this discovery."

Robbins' dramatic response to an experimental drug in 2004 led Haber and his team to identify a genetic target within her cancer that was sensitive to the drug. This discovery helped launch the field of targeted cancer therapy.

"There are so many challenges dealing with cancer," said Haber. "But this is a chance to have fun and celebrate the successes and the relationships that are built between patients and their caregivers."

The Nov. 12 event, which attracted nearly 350 guests, was co-chaired by Cheryl Clarkson, Sylvia Fernandez-del Castillo and Remy Stressenger, and sponsored by Santander Bank.

Scott Wahle, a former WBZ-TV anchor, and David Ryan, MD, clinical director of the Cancer Center, served as emcees, sharing the models' inspiring stories while also showcasing designs from fashion and beauty partners NIC+ZOE, North River Outfitter, Moxie, Fulham Salon and Giorgio Armani Beauty.

For more information about the Friends of the Mass General Cancer Center and Couture for Cancer Care, visit *mghfriends.org.* ■

The Partners eCare Enterprise Premiere at the MGH

THE PARTNERS ECARE Enterprise Premiere will run 7:30 to 11:30 am on Dec. 10 and will be streamed live online to the MGH community. A Partners eCare ambassador will be present to facilitate a question-and-answer session following the fully integrated demonstration of the complete system in the primary viewing location, the O'Keeffe Auditorium.
(Full story on page 4)

Additional viewing locations for the morning session are:

- Haber Auditorium
- Simches Research Center, Room 3-120
- Bulfinch Medical Group, Wang Room 508
- Founders House, Room 130
- Trauma Surgery Conference Room 803
- 50 Staniford Street, Room 503
- Lunder Building, Room 231
- Murphy Conference Room, Bigelow 838
- Cath Lab Conference Room, Blake 989
- Bulfinch Conference Room 015
- MGH Revere Health Center, Sweet Conference Room
- MGH Everett Health Center, Room 174
- MGH Charlestown Health Center, Basement Conference Room
- MGH Chelsea Health Center, Room 401
- North End Waterfront Health, third floor
- MGH West, Room 539

Marking a milestone in Neurosurgery

SEVENTY-FIVE YEARS AGO in October 1939, the MGH Neurosurgical Service was formally established at the MGH, and William J. Mixter, MD, was named its first chief. During the following decades, Mixter, his colleagues and their successors brought a greater focus and discipline to brain and central nervous system surgery. Today, the MGH neurosurgical staff performs more than 3,000 procedures in its four dedicated operating rooms as well as in the hospital's proton center and endovascular suites.

"We have come a long way from our roots when surgeon John Collins Warren first cut open a patient's skull to treat head injuries and epilepsy," said Peter L. Slavin, MD, MGH president. "Whether investigating the use of stem cells to repair damaged tissues or using deep brain stimulation to treat epilepsy or exploring gene therapy to treat brain tumors, we hope that the coming decades will bring practical applications for all of our research promise."

At the Oct. 18 MGH Neurosurgical Services Scientific Symposium – one of a series of events celebrating the 75th anniversary of the service – Slavin highlighted the services' clinical care and research growth from the 1930s to today.

"This is a celebration of our incredibly rich history," said Robert Martuza, MD, chief of MGH Neurosurgery Service and director of the Stephen E. and Catherine Pappas Center for Neuro-Oncology. "During the past three-quarters of a century, we have become one of the most highly regarded neurosurgical departments in the world, known for our groundbreaking research, our commitment to patient care and our dedication to teaching."

The symposium in the Ether Dome was followed by an alumni lunch in the Paul S. Russell, MD Museum of Medical History and Innovation. The celebration concluded with a black tie dinner at the Boston Seaport Hotel. ■

A FORMAL AFFAIR: Members of the Neurosurgery Service celebrate 75 years.

Metlay appointed Peter L. Gross, MD, Chair in Medicine

AN MGH CHAIR REPRESENTS one of the highest honors bestowed upon a physician, providing a significant benefit to the department, to the recipient and to patients. On Nov. 3, a reception at the Paul S. Russell, MD Museum of Medical History and Innovation celebrated the establishment of the Peter L. Gross, MD, Chair in Medicine and the appointment of Joshua P. Metlay, MD, PhD, chief of the Division of General Internal Medicine, as the inaugural incumbent.

The evening event was attended by members of the Gross and Metlay families, colleagues, friends and donors. Peter L. Slavin, MD, MGH president, offered opening remarks followed by Katrina Armstrong, MD, MSCE, physician-in-chief of the MGH Department of Medicine.

"This chair offers a fitting legacy to Dr. Gross, who for more than 40 years has dedicated his career to providing expert and compassionate care to thousands of patients and families in his uniquely personal way," said Slavin. "I am confident Dr. Metlay will carry on this superb work."

Gross recently retired from his clinical practice at MGH Internal Medicine Associates and is winding down his role at the Executive Health Program, where he served as medical director for nearly 27 years.

"Our goal with this endowed chair is to support clinician educators who will inspire and mentor the next generation of primary care physicians," said Gross. "We will focus on both the patient and physician experience with innovative approaches to practice design, physician training and patient advocacy."

Like Gross, Metlay is dedicated to education, mentorship and improving the practice of primary care. His research covers two major areas – the epidemiology of drug resistance among common respiratory bacterial pathogens and the development and evaluation of interventions to improve the quality of treatment decisions for respiratory tract infections. This research has led to numerous federal grants and leadership roles on national committees in the area of infectious diseases epidemiology. His current work is focused on development, implementation and evaluation of interventions to improve the quality of health care and reduce medical errors.

"The MGH has a remarkable history of leadership in primary care, and our program in general medicine is making important advances in the care of patients both locally and nationally," said Metlay. "This chair celebrates our great tradition in primary care and emphasizes our commitment to this important work in the future."

Fundraising to honor Gross was overwhelmingly successful, raising enough to establish two chairs. The second recipient will be named following a national search.

FITTING LEGACY: From left, Armstrong, Metlay, Gross and Slavin

Anthony Rosenzweig, MD, named chief of Cardiology Division

ANTHONY ROSENZWEIG, MD, has been named chief of the MGH Division of Cardiology and co-director of the Corrigan Minehan Heart Center in the Institute for Heart, Vascular and Stroke Care. Beginning Jan. 1, 2015, Rosenzweig will succeed G. William Dec Jr., MD, who led the division since 2001 and will continue to be an active member, focusing on clinical excellence in heart failure care, network development and mentorship.

PHOTO COURTESY OF MGHIC
ROSENZWEIG

"We owe much of the success of the transition to the Institute to Bill Dec's calm and focused approach, his steady hand, fairness and commitment to improving the care of the patient with systemic vascular disease," says Michael R. Jaff, DO, medical director of the MGH Fireman Vascular Center and chair of the Institute. "We are thrilled that Bill will remain active at the MGH, seeing patients with advanced congestive heart failure and continuing to train our fellows how to be excellent cardiologists."

Rosenzweig is currently director of Cardiovascular Research and associate chief of Cardiology at Beth Israel Deaconess Medical Center. Rosenzweig earned his undergraduate degree from Harvard College and his medical degree from Harvard Medical School. His appointment marks a return to the MGH, where he completed his internship and residency in the Department of Medicine and a clinical and research fellowship in the Cardiology Division. From 1994 to 2006, Rosenzweig was an independent investigator in the MGH Cardiovascular Research Center, where he also served as the director of the Program in Cardiovascular Gene Therapy.

"We are so excited to welcome Dr. Rosenzweig back to the MGH community," says Katrina Armstrong, MD, MSCE, physician-in-chief of the MGH Department of Medicine. "His commitment to mentorship and collaboration has already invigorated and inspired the many members of the Division of Cardiology, the Department of Medicine and the MGH at large who dedicated their time to this critically important selection process."

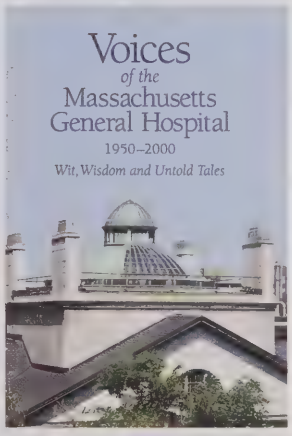
Rosenzweig's research, focusing on the molecular pathways underlying cardiac disease, has been consistently funded by the National Institutes of Health and led to more than 140 peer-reviewed publications. A professor of Medicine at Harvard Medical School since 2008, Rosenzweig also has received multiple awards and recognitions for his accomplishments, including election to the American Society of Clinical Investigation and American Association of Physicians.

"I'm excited and humbled by this opportunity and deeply touched by all the expressions of support from friends and colleagues," says Rosenzweig. "We live in an era of both daunting challenges and unprecedented opportunities for academic medicine. I look forward to working with the remarkably talented members of the MGH community – both within and beyond the Cardiovascular Division – to find creative solutions to these challenges." ■

MGH book celebrates 'wit, wisdom and untold tales'

A TEAM OF FOUR MGH PHYSICIANS AND STAFF has published a book about MGH history. *Voices of the Massachusetts General Hospital 1950–2000: Wit, Wisdom and Untold Tales* is a compilation of humorous and serious quotes, wise sayings, words of advice and touching anecdotes from more than 100 past and present physicians and nurses dedicated to the pursuit of excellence in caring for their patients, families and colleagues. The book details a fascinating time in history – the years following World War II and the days before the influx of incredibly advanced technology in health care.

"We want readers to get a sense of our tradition," says *Voices* editor Lloyd Axelrod, MD, MGH internist and endocrinologist. "I hope people see – for these incredible physicians and nurses – this is not a job. It truly is a calling."



Thousands of residents, physicians and nurses were asked to share memories of their time practicing or training at the hospital. "The response was so overwhelming and there were so many meaningful and memorable quotations we wanted to share them with a wider audience," Axelrod says. "We realized we had a moving and instructive portrait of the daily life of the institution, suitable for a wide audience. The responses are a remarkable display of the respect, admiration and affection that the doctors and nurses of the MGH have for one another."

Many of these recollections now fill the 170-page hardcover book. Interwoven throughout are historical photographs and portraits featuring the MGH and its clinicians. "We hope to preserve and pass along to the next generation the human elements of medicine and care giving," said co-editor Willard Daggett, MD, cardiac surgeon. "We also hope that MGH patients, past and present, will read the book to understand better what motivates and inspires those who care for or cared for them."

Urologist Stephen Dretler, MD, served as chairman of the project, and Georgia Peirce, special projects manager in MGH Patient Care Services, as a co-editor. *Voices of the Massachusetts General Hospital* retails for $24.95 and is being distributed by Lamprey & Lee. It is available at the MGH Gift Shop, on Amazon and Barnes & Noble and also as an e-book.

LOOKING BACK:
From left, Daggett, Axelrod, Dretler and Peirce

Partners eCare hosts Enterprise Premiere

OVER THE LAST YEAR AND A HALF, more than 500 MGH and MGPO employees have participated in the design of the Partners eCare system. On Dec. 10, Partners eCare will host an Enterprise Premiere, featuring a fully integrated demonstration of the complete system and specialty area breakout sessions. More than 1,600 staff across the Partners HealthCare system have been invited to attend the live event at the Boston Sheraton Hotel.

The MGH also will host live stream viewings of the event's integrated demonstration session, which runs from 7:30 to 11:30 am, and the afternoon breakout sessions. *(Please see front page for times and locations.)* All sessions will be recorded and made available shortly after the event.

"The session will include a comprehensive overview of major clinical tracks," said Kathryn Kukla, MGH Enterprise Premiere coordinator. "Attendees also will watch live demonstrations of detailed patient stories to illustrate the value of systemwide connectivity. Discussions during the specialty breakout sessions will focus on the future of Epic at the MGH."

Last July, the MGH launched the revenue cycle of Partners eCare, which replaced systems that supported Registration, Scheduling, Admitting, Coding and Billing. Leaders now are preparing for the project's second phase – the clinical implementation – which has a scheduled go-live date of March 2016. This includes outpatient and inpatient medical records, computerized physician order entry, as well as dedicated applications for departments including Pharmacy, Radiology and Transplant.

More information about Partners eCare can be found by visiting *partnersecare.partners.org*. Session agendas for the Enterprise Premiere can be found at *https://partnersecare.partners.org/premiere-mgh*.

Afternoon breakout sessions

Afternoon sessions will run from 12:30 to 4 pm.

Ambulatory staff are invited to view their specialty breakout session in the Haber Auditorium; Bulfinch Medical Group Room 508; Wang Room 230; Murphy Conference Room, Bigelow 838; North End Waterfront Health, third floor; MGH Revere Health Center, Sweet Conference Room; MGH Everett Health Center, Room 174; and, MGH Charlestown Health Center, Basement Conference Room.

Emergency staff are invited to view their specialty breakout session in Founders House, Room 130 and the Trauma Surgery Conference Room at 165 Cambridge Street, Room 803.

Inpatient/Hospitalist staff are invited to view their specialty breakout session in the O'Keeffe Auditorium; Bulfinch Conference Room 015; 50 Staniford Street, Room 503; and, Cath Lab Conference Room, Blake 989.

Perioperative/Surgery staff are invited to view their specialty breakout session in the Bigelow Amphitheater and Lunder Building, Room 234. ■

5000
Iron Man Leader Board
League | Player | Streak | Years | Notes
MGH | Josh Caplin | 5,000 | 8 | Procedures
MLB | Carl Yastrzemski | 3,308 | 22 | Games
NHL | Mark Messier | 1,992 | 25 | Games
NBA | Robert Parish | 1,611 | 21 | Games
NASCAR | Ricky Rudd | 788 | 29 | Races
NFL | Brett Favre | 298 | 9 | Games
NASCAR
Five thousand cases and counting

A CARDIAC MILESTONE: On Nov. 28, Joshua Caplin, left, participated in his 5,000th case as a physician assistant in the MGH Knight Center for Interventional Cardiovascular Therapeutics. The team acknowledged his accomplishment with a surprise gathering Dec. 1, which featured a special presentation by Michael A. Fifer, MD, medical director of the Knight Center for Interventional Cardiovascular Therapeutics, right. "It has been an honor to serve as the only physician assistant to have ever worked in the Cardiac Cath Lab. I'm fortunate to have this unique opportunity to safely provide an advanced level of care and to learn from such amazing colleagues and gracious patients every day," Caplin says. "I hope to celebrate many more milestones here at the MGH."

Announcements available online
To read this week's "What's Happening" items, visit *www.massgeneral.org/news/hotline*

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.

12.12.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

'From curiosity, creation'

HUBweek festival aims to celebrate and engage

THE MGH HAS JOINED with the *Boston Globe*, Harvard University and the Massachusetts Institute of Technology to organize and coordinate HUBweek – a weeklong festival of ideas, conversations and creative problem-solving next fall aimed at bringing forth insights and answers from thinkers and doers throughout the Greater Boston region and beyond. The leaders of the four organizing institutions gathered Dec. 11 to announce publicly the plan for the festivities and to provide a glimpse into what the week will have to offer.

Scheduled to run from Oct. 3 through Oct. 10, 2015, HUBweek is neither a conference nor a program but rather a gathering of the people who power the innovation and creative economies of the region and the world. The festival is designed to help accelerate creativity and creation through competitions, hands-on demonstrations and collaborative conferences, and will feature demonstrations of potentially game-changing technology and hackathon-type forums focused on solving major problems.

(Continued on page 4)

TEAMWORK: Berekat Pellana, left, and Merkeb Amanuel apply CPR to their simulated patient.

Bringing lessons to life

AFTER APPLYING CHEST COMPRESSIONS and rescue breaths, four fifth-grade girls from the Senior Science, Technology, Engineering and Math (STEM) Club at the Yawkey Boys & Girls Club in Roxbury successfully revived their simulated patients.

"He's got a pulse. We saved him!" said student Merkeb Amanuel.

The STEM Club, overseen by Qing Wai Wong, of MGH Youth Programs, is working with a new medicine and health curriculum led by Edward Chu, MD, an MGH Internal Medicine resident, and Lisa Yeung, MD, a Tufts-Cambridge Health Alliance Family Medicine resident.

This week, the students had an opportunity to visit the simulation ward of the MGH Learning Laboratory, which offers realistic simulation-based training and practice across the hospital.

"When the students put on the white coats and stethoscopes, the experiences of our lessons came alive for them," Chu says.

Prior to coming to the MGH from the Icahn School of Medicine at Mount Sinai Hospital in New York City, Chu created a program called "MedStart" for Harlem middle-school students to generate interest in health conditions. To recreate the program at the MGH, he contacted the Youth Programs team within the MGH Center for Community Health Improvement. The team works with third-grade to college-age students to generate interest in STEM careers.

STEM clubs were created six years ago to engage Boston students in health and science topics. The program began with 15 students and now averages 76 students annually in grades 3 to 8 at the Boys & Girls Clubs in Roxbury and Charlestown and at the Richard J. Murphy School in Dorchester.

Perrin honored with John C. Robinson, MD, Chair in Pediatrics

JAMES M. PERRIN, MD, FAAP, associate chair of the MassGeneral Hospital *for* Children (MGH*f*C) Center for Child and Adolescent Health Policy, was appointed first incumbent of the John C. Robinson, MD, Chair in Pediatrics during a Nov. 3 reception at the Boston Liberty Hotel. Named in honor of Robinson, a beloved pediatrician who worked at the MGH for nearly 50 years, the chair was established and funded by members of the Robinson and Nordblom families along with contributions from friends, colleagues and patients.

"I want to express my gratitude to the donors for creating an endowment to provide enduring resources to help sustain the MGH*f*C mission," said Robinson.

Now retired, Robinson, played a pivotal role in improving pediatric care through a collaboration between MGH*f*C and Milton Pediatrics, a practice he founded in 1967. Ronald Kleinman, MD, MGH*f*C physician-in-chief, described Robinson as a superb and compassionate clinician and a model for pediatric primary care providers for generations to come.

DEDICATED TO PEDIATRIC CARE:
From left, Robinson, Perrin and Kleinman

PHOTO COURTESY OF JEFF THIELMAN

"This chair honors Jack Robinson's nearly 50-year career," said Kleinman. "There is no one more qualified than Jim Perrin to be named as its first incumbent. He is someone who most exemplifies the dedication to lifelong learning, teaching and advancing the health and well-being of children, which Dr. Robinson exemplifies."

Perrin is a primary care pediatrician with a lifetime of research accomplishments, policy work and advocacy for children and adolescents, especially those with chronic conditions. He began working at the MGH more than 25 years ago, serving as chief of the Division of General Pediatrics until 2012, when he stepped down to focus on his role as president of the American Academy of Pediatrics. He founded – and directed for more than 15 years – the Center for Child and Adolescent Health Policy, a multidisciplinary research and training center with an active fellowship program in general pediatrics.

"It's a great honor to hold the John C. Robinson Chair in Pediatrics," said Perrin. "Dr. Robinson has been a leader and teacher in general pediatrics for generations of MGH*f*C pediatricians. This chair in primary care honors the strong general pediatric community at the MGH*f*C and will help to build efforts in primary care education, practice and research." ■

Preparation, principles and a powerful message key to a strong negotiation

THERE ARE MANY STRATEGIES AND INTRICACIES that need to be addressed when becoming a successful negotiator. "But of all the lessons I've learned, No. 1 is to prepare and be better prepared," says Lynne Eickholt, chief strategy officer for Partners HealthCare. "Know your side well, know their side well and think three steps ahead."

Eickolt joined Lynn Nicholas, FACHE, president and CEO of the Massachusetts Hospital Association, and Diane Levin, JD, a lecturer in negotiations at Boston University's Graduate School of Management, as panelists at the annual MGH Women in Leadership event, "The Art of Successful Negotiation." Held Nov. 19 at the Starr Conference Center, the lecture was moderated by Joan Quinlan, vice president for Community Health at the MGH.

The panelists shared personal stories and insights about how being a strong negotiator strengthened and helped to advance their careers. Once known by her colleagues as "the velvet hammer" for getting things done with grace and eloquence, Nicholas agreed that preparation is a crucial part of getting what you want. "I have found you can push for most anything, but it all depends on how you say it," she said. "Be really clear on your focus, on your principles and on your aspirations; then find a way to relate on a personal level. Telling a story at the beginning of the process is a really powerful way to connect to others."

During the event, panelists also fielded questions from attendees, offering words of wisdom on how to stay true to one's self while also remaining firm in conversation. "The values of respect, human dignity and fair play define me as a human being," Levin said. "They also serve as a foundation for who I am as a negotiator."

The Women in Leadership Committee is a volunteer committee of MGH managers focused on professional development of women at the hospital. For more information, email *womeninleadership@partners.org*.

LEADING THE WAY:
From left, Eickholt, Quinlan, Nicholas and Le

Gee named chief of the Division of Pediatric Radiology

MICHAEL S. GEE, MD, PHD, has been named chief of the Division of Pediatric Radiology for MassGeneral Hospital *for* Children (MGH*f*C), which was effective Nov. 17. Gee succeeds Debra Gervais, MD, who has held the position since 2009 and will remain chief of the Abdominal Imaging Division.

"I am honored and excited to lead MGH Pediatric Imaging and be part of the outstanding team at the MGH*f*C," says Gee. "Our tradition of imaging innovation will continue to help advance and improve the world-class care we provide for our pediatric patients."

GEE

A graduate of Harvard College, Gee completed his medical training in the MD/PhD program at the University of Pennsylvania. He then completed a general surgery internship at Boston Medical Center followed by Diagnostic Radiology residency and Pediatric Radiology fellowship training at the MGH.

Since 2011, Gee has served as the associate residency program director, and in 2013 he became director of Pediatric Body MRI. He is an expert in the fields of pediatric abdominal imaging and inflammatory bowel disease and a member of the Society for Pediatric Radiology MRI committee, the Society for Abdominal Radiology Crohn's Disease Focus Panel, the American College of Radiology Pediatric eLearning committee and the American Board of Radiology Pediatric Core committee. Gee also has a research interest in developing novel MRI techniques for imaging microscopic inflammation and response to molecular therapies that has resulted in more than 40 scientific peer-reviewed publications and numerous grant awards.

"I'm very grateful to Dr. Deb Gervais for serving admirably as our chief of Pediatric Radiology these past several years," says James Brink, MD, MGH radiologist-in-chief. "I am also appreciative of Dr. Scott Gazelle, director of Breast Imaging, for leading the search for this critical position and the search committee members who committed substantial time and effort to this important recruitment. I am confident Dr. Gee will do a terrific job as our new chief of Pediatric Radiology." ■

Long-term results confirm success of MGH-developed laser treatment

THE FIRST LONG-TERM STUDY of a pioneering endoscopic laser treatment for early vocal-cord cancer, developed at the MGH and previously shown to provide optimal voice outcomes, finds that it is as successful as traditional approaches in curing patients' tumors while avoiding the damage to vocal quality caused by radiotherapy or by conventional laser or cold-instrument surgery. The report in the December *Annals of Otology, Rhinology & Laryngology* describes results for the first 117 patients treated for vocal-cord cancer with the green-light potassium-titanyl-phosphate (KTP) laser by Steven Zeitels, MD, director of the MGH Voice Center and developer of the procedure.

"Use of the KTP laser, which eradicates blood vessels in a process called photoangiolysis, was conceived to treat vascular malformations in infants' delicate skin; but we have demonstrated that this specialized laser is especially effective in treating vocal-cord cancer," says Zeitels. "These tumors have a denser blood supply than the underlying vocal-cord tissue, preservation of which is necessary to retain optimal vocal quality. As reported in this paper, our success in curing patients with small tumors with the angiolytic KTP laser is extremely high and very high for those with mid-sized tumors.

"Since radiation can damage the non-cancerous tissue of one or both vocal cords and conventional laser surgery destroys more delicate vocal tissue than is necessary, KTP laser treatment typically produces better vocal results while being more cost-effective," he adds. "And a key issue when selecting a treatment for vocal-cord cancer is that radiation is considered to be a single-use treatment. So it is important to preserve the option of radiotherapy for treating future, more substantial cancers, the development of which is not uncommon."

Zeitels first reported the use of the yellow-light, pulsed-dye laser to treat early vocal-cord cancer 10 years ago, and in 2006 he and his colleagues introduced treatment with the more precise green-light KTP laser. The current paper describes results for 117 patients treated with the green-light KTP laser between 2006 and 2010. Some had cancer invading both vocal cords, but none had received radiotherapy before the laser treatment. Of the 82 treated patients with small tumors, 96 percent (79 of 82) have had no recurrence more than three years after treatment, and 80 percent (28 of 35) of those with mid-size tumors also have had no recurrence. Among the 10 patients whose tumors did recur, radiation treatment was successful in controlling the cancer in 5. Overall 96 percent – 112 of 117 patients – of those treated have survived an average of almost four and a half years and are cancer-free without loss of their larynx. Since 2010, more than 75 additional patients have received pulsed-KTP laser treatment for early vocal-cord cancer at the MGH.

EVERYDAY EXTRAORDINARY: Created and supported by the Mass General Cancer Center, **the one hundred** is an awareness and fundraising initiative that celebrates hope in the cancer community. Each year, **the one hundred** honors "100 Everyday Amazing" individuals and groups – patients, caregivers, researchers, philanthropists, advocates and volunteers from around the globe – that are fighting cancer in inspiring and often revolutionary ways. Honorees are selected through a public nomination process and celebrated at a spring gala in Boston. Nominations for 2015 are open until Dec. 31 and can be submitted online at *www.theonehundred.org.*

Announcements available online
To read this week's "What's Happening" items, visit *www.massgeneral.org/news/hotline*

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

— *HUBweek*

(Continued from page 1)

Events will be held throughout Boston and Cambridge. At the MGH, a variety of sessions will take place – including lively discussions about new models of health care delivery and promising breakthroughs in several major fields in biomedical research under the Bulfinch tent and at the Paul S. Russell, MD Museum of Medical History and Innovation.

"HUBweek aims to not only showcase the most exciting work and promising ideas of today but also to find ways to push the frontiers of progress that inspire us to imagine the endless possibilities of innovation," says Peter L. Slavin, MD, MGH president. "We are hopeful that the breadth of events will attract those people who want to not only listen and learn but who are also interested in engaging and contributing ideas to solve problems."

Although leaders are still in the process of finalizing agendas, events and speakers for HUBweek, some early offerings will include public art exhibitions, a documentary film festival, music and debates. One noteworthy event will involve transforming Fenway Park into one of the world's largest classrooms where attendees will gather for classes taught by renowned professors and accomplished speakers.

For more information about HUBweek, visit *www.hubweek.org.* ■

Honoring military heroes

"OFTEN IT SEEMS THERE IS a perception that seeking help is a sign of weakness or that we deserve to suffer in some way because we came home and our friends did not," said 2014 Medal of Honor recipient Staff Sgt. Ryan M. Pitts. "I have felt both of these, and neither is true."

A recipient of the nation's highest military honor for his role in the Battle of Wanat in Afghanistan, Pitts was a special guest speaker on Nov. 10 at Mission Gratitude – New England's largest benefit concert for wounded warriors, which raised $1 million for the Red Sox Foundation and MGH Home Base Program. Speaking publicly for the first time, Pitts addressed a crowd at Boston Symphony Hall about his experience with traumatic brain injury.

'MISSION GRATITUDE': From left, Baker; Pitts; retired Brig. Gen. Jack Hammond, executive director of the Home Base Program; and Ross Zafonte, DO, clinical research leader of the Home Base Program

PHOTO COURTESY OF GETTY/BOSTON PHOTOGRAPHY

Mission Gratitude raises funds for the Red Sox Foundation and Home Base Program. Home Base helps service members and post-9/11 veterans and their families heal from the invisible wounds of war – including post traumatic stress and traumatic brain injury – through clinical care, research and education.

"I did not return home the same person, and I am not sure any service member does," said Pitts. "We experienced what I consider a natural reaction to very unnatural situations. We owe it to ourselves and to our fallen to lead good lives worthy of their sacrifice. Sometimes this requires some help, which is exactly the type of help the Home Base Program provides."

Entertainer Harry Connick, Jr. was the featured concert performer. In addition to the show, guests were able to meet Red Sox legends Tim Wakefield and Jim Rice and Gov.-elect Charlie Baker.

For more information, visit *www.HomeBaseProgram.org.*

12.19.14

MGH HOTLINE

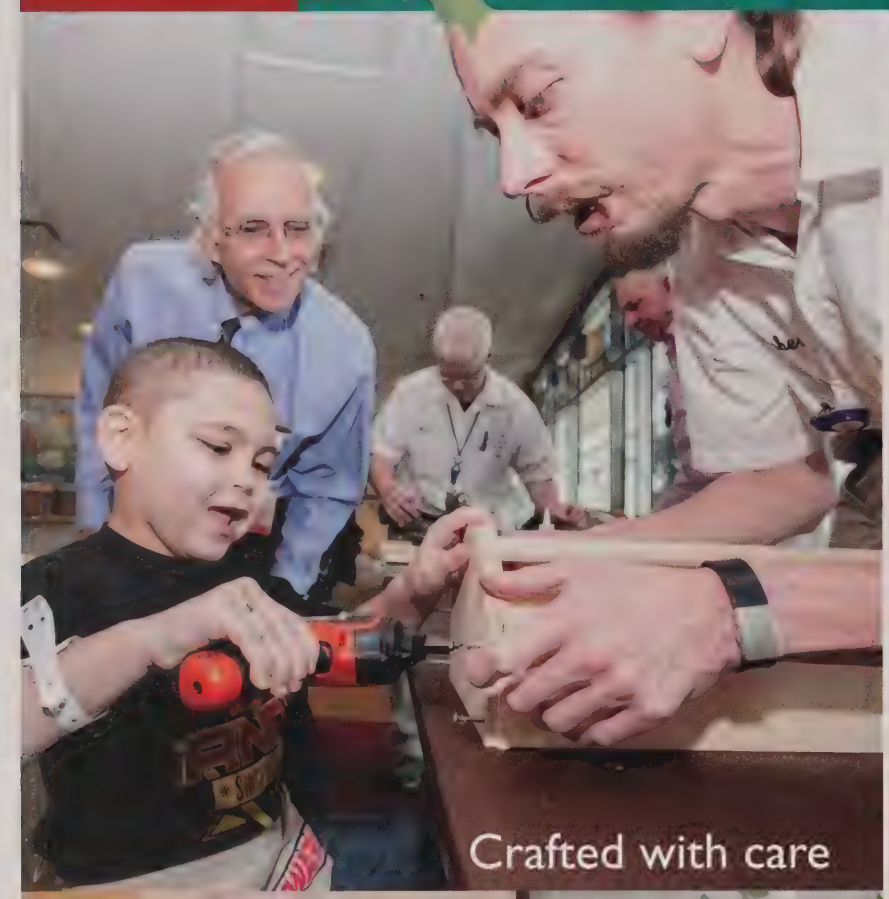
A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Dashing through the MGH*f*C

PERFECT PASS: Patient Caden Zedower, 3, tosses the football to Santa Claus during a Dec. 11 surprise visit from Saint Nick and his elves at the MassGeneral Hospital *for* Children (MGH*f*C). Every year, dressed head-to-toe in red with a snowy white beard, surgeon Kevin Raskin, MD, and his helpers from the MGH Department of Orthopædics arrive from the North Pole delivering toys and games to MGH*f*C patients. "We always look forward to Dr. Raskin's Santa visit as we know it will be entertaining for both families and staff," said Sacha Field, MS, CCLS, MGH*f*C child life specialist. "The group really outdid themselves this year; each child received a very generous and thoughtful gift wrapped in a beautiful holiday pillowcase. We are so thankful for their cheerful visit year after year."

Merry making

HOLIDAY CHEER IN CHARLESTOWN: On Dec. 16, Charlestown Navy Yard staff celebrated the season at the annual MGH Holiday Reception hosted by President Peter L. Slavin, MD. A gathering also was held Dec. 18 in the East Garden Room for both day- and night-shift staff on the main campus. "It's not always possible to travel to the main campus for special events, so for Dr. Slavin to bring the event to us really shows his appreciation," said Sean O'Connell, site supervisor in MGH Receiving and Distribution. "I look forward to this every year."



Crafted with care

BUILDING MEMORIES: Stepping in as one of Santa's elves, MassGeneral Hospital *for* Children (MGH*f*C) patient Jose Dejesus, 6, top photo, tinkers away on a wooden tool box during the second annual Woodworking Elf Workshop on Dec. 4 as Rob Worful, a carpenter from MGH Building and Grounds, assists, and Howard J. Weinstein, MD, chief of MGH*f*C's Pediatric Hematology-Oncology Unit, looks on. During the event children built and decorated wooden gifts including birdhouses and car ramps. Bottom photo, George Hardy, a carpenter for Buildings and Grounds, high-fives Bella Barnett, 4, as she completes her birdhouse.

Toys, toys ...

AND MORE TOYS: Katherine Kosman, MD, a resident in the MGH Department of Anesthesia, Critical Care and Pain Medicine, fills a box for the Toys for Tots holiday drive. The annual event is a friendly competition between residents from Anesthesia, Surgery, Pediatrics, Obstetrics and Medicine, to see which department can bring in the most gifts. This year residents raised more than $1,000 and collected eight gigantic boxes of toys.

Miracle of lights

CUSTOMS AND TRADITIONS: Peter L. Slavin, MD, MGH president, joined the Dec. 15 MGH Community Chanukah Celebration in the East Garden Room on the second night of Chanukah. Rabbi Ben Lanckton, MGH chaplain, presided over the service, which was followed by a traditional holiday feast.

In the 'Nick' of time

FREQUENT FLYER: A 120-year-old male presented to the MGH Emergency Department on Dec. 11, after a sleigh accident and antler impalement to his chest following a recent trip overseas. The patient – later identified as Kris Kringle – arrived as a STAT trauma and was found to have 15 rib fractures and a hemothorax. Kringle was taken directly to the operating room. Following his surgery, he was listed in fair condition and was transferred to White 7 where his hospital stay was complicated by various issues requiring consultations from Cardiology, Nephrology, Trauma Psychiatry (for delusions of grandeur and seeing elves), Gastroenterology and Interventional Radiology. Despite his rocky course – made even more difficult by sightings of the Grinch – Kringle was able to make a full recovery thanks to the valiant efforts of the MGH General Surgery intern class, pictured with the jolly patient. The annual admission of Santa Claus as an MGH patient dates back to the early 1950s, when a surgical resident first decided to log a humorous account of the old man's ailments. Caring for Santa has become a beloved tradition for MGH residents.

The gift that keeps on giving

PERFECT PRESENT: Michael Haddad, a platelet donor at the MGH Blood Donor Center, fills out a gift tag for the annual Puppy Pals Program. Now in its 17th year, the program invites blood donors to sign gift tags that will be attached to stuffed animals and toys for MassGeneral Hospital *for* Children patients. The gifts will be delivered by Santa and his helpers to patients on Ellison 17 and 18 and on the Pediatric Hematology/Oncology Unit. "Our daughter, Elissa June Haddad, was born with myconium aspiration and was rushed to the MGH NICU where she received blood and platelet transfusions for 67 days," said Haddad. "She has come through this ordeal. In honor of our daughter and the donors that saved her life, I, too have become a regular platelet donor so that other families may have the same gift we were given."

Elves rev up in Revere

WRAP-A-THON: MGH Revere HealthCare Center elves – from left, Ann-Marie Duffy-Keane, Community Health Associates program director; Jennifer Bronsdon, child development specialist; Melissa Silverberg, parent educator; and Lindsay Dibona, LICSW – prepare for the center's holiday toy drive. The annual event provides toys for patients whose families are experiencing hardship. Staff members pick children from a list and purchase the gifts. This year, toys will be given to 430 children. In addition, the center receives toys from other MGH departments – including MGH Community Health Associates, MGPO Finance, MGH Case Management, the Division of Internal Medicine, the Medical Practice Evaluation Center and the Mongan Institute of Health Policy.

12.19.14

MGH HOTLINE

Announcements available online
To read this week's "What's Happening" items, visit *www.massgeneral.org/news/hotline*

Submit news tips and story ideas to *MGH Hotline*

EDITOR
Colleen Marshall
617-726-0275

ASSISTANT EDITOR
Emily Williams
617-724-2753

EMAIL
Hotline@partners.org

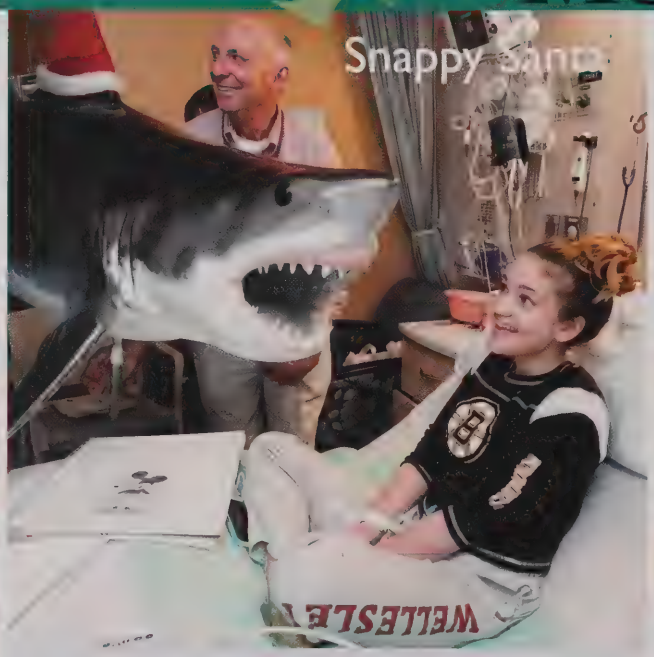
MAIL
Public Affairs Office
50 Staniford Street
Suite 830
Boston, MA 02114

MGH Hotline is published weekly by the MGH Public Affairs Office.

Photos by MGH Photography unless otherwise noted.

MGH Hotline is printed on recycled paper.

Find *MGH Hotline* on the web at *www.massgeneral.org/news/hotline* or by scanning the QR code above.



A GREAT WHITE CHRISTMAS: Lizzy the Shark took a bite out of the holiday season on Dec. 15, visiting with MassGeneral Hospital *for* Children patients including Brianna Cimino, 18. The 40-pound fiberglass shark donned a Santa hat and swam her way in and out of hospital rooms, thanks to the Atlantic White Shark Conservancy and MGH Building and Grounds. The conservancy is a Cape Cod nonprofit committed to raising public awareness about great white sharks.

A STITCH IN TIME: In preparation for the holiday season, patients from MassGeneral Hospital *for* Children (MGH*f*C) gathered to decorate festive scarves as part of the "Let It Sew" event. "December is always a festive month when we celebrate many holidays and often the first snowfall of the season," said Caroline Armington, MS, CCLS, MGH*f*C child life specialist. "This year's 'Let it Sew' event encouraged creativity and confidence, as children mastered the art of designing and crafting cozy, one-of-a-kind scarves and embraced the winter ahead." The Dec. 8 event was part of the hospital's month-long series of holiday activities and special events for patients and families.

Special *MGH Hotline* edition
MGH Hotline will publish its annual "Year in Review" Dec. 29. The edition also will feature a special 2014 fold-out calendar that lists all official MGH holidays. *MGH Hotline* will not publish on Jan. 2 due to the New Year's holiday, but will resume its regular printing schedule on Jan. 9.

SING, SING, SING: No holiday is complete without the sights and sounds of the annual MGH Chaplaincy Songfest. Performing a variety of contemporary and holiday classics, MGH staff and volunteers – many dressed in festive, holiday-themed attire – entertained patients, visitors and employees in the hall of the White Building on Dec. 18. Earlier in the week, members of the MGH Chaplaincy entertained residents of senior citizen housing facilities on Martha Road, Blossom Street and the Beacon House with a holiday serenade.

HOLIDAY HOME RUN: MassGeneral Hospital *for* Children patient Annie Flaherty, 4, is visited by Boston Red Sox players, from left, pitcher Steven Wright, pitcher Heath Hembree and infielder Garin Cecchini, as part of the annual Red Sox Holiday Caravan on Dec. 12. The team brought gifts to patients and visited with families and staff members. "We definitely look forward to coming and hanging out with the kids," said Wright. "For us to come and get their mind off of things is important. If we can cheer them up for even 5 minutes, that's all that matters."

12.29.14

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A look back at 2014

IT'S OVER:
On May 7, MassGeneral Hospital for Children patient Devin Chase, 14, rang the bell marking his final treatment at the Francis H. Burr Proton Therapy Center.

The year in review: A look at just some of the many notable events that

Joanne Marqusee is named president and CEO of Cooley Dickinson Health Care, an affiliate of the MGH and Partners HealthCare.

Anne Holland "Holly" Johnson, MD, a foot and ankle surgeon in the MGH Department of Orthopædic Surgery, travels to Sochi, Russia, to serve as the team doctor for the U.S. Women's Olympic Hockey team. The team took home the silver medal.

Partners HealthCare celebrates its 20th anniversary.

For the second consecutive year, the MGH is named the Readers' Choice Most Admired Health Care Company in Massachusetts by the *Boston Business Journal.*

The MGH expands its Wound Care Program, which promotes the rapid healing of wounds using skin debridement, advanced topical therapies and dressings, and surgical treatments. The program now includes wound care at MG West in Waltham, as well as a coordinated phone line and electronic referral form for patients.

The MGH Hand Hygiene Program, developed by the Stop the Transmission of Pathogens (STOP) Task Force, celebrates its 10th anniversary.

The annual Scientific Advisory Committee (SAC) meeting examines how the MGH is preparing to meet the challenges presented by reductions in traditional sources of research funding and taking advantage of new opportunities in areas such as translational research, health care informatics and outcomes research.

William (Jay) G. Austen, Jr., MD, is appointed chief of the MGH Division of Burn Surgery.

Some 230 runners, including 80 staff members, participate in the 2014 Boston Marathon. Their efforts support pediatric cancer, cystic fibrosis, emergency response, Pediatric Palliative Care and the Pediatric Coordinated Care Center, Friends of the Lurie Center, dystonia research and the Red Sox Foundation and MGH Home Base Program.

With reflection and resolve, the MGH marks the one-year anniversary of the Boston Marathon bombings with a series of events and moments to honor the victims and the survivors and to recognize the hospital community, which came together to heal both bodies and minds.

More than 2,000 MGHers receive a Partners in Excellence (PIE) Award honoring their outstanding efforts in support of Partners HealthCare and its affiliates.

The MGH celebrates national Nurse Recognition Week with a series of celebratory events, special presentations and receptions.

A new portrait of Linda Richards is unveiled. Richards was America's first professionally trained nurse and superintendent of the Boston Training School at the MGH from 1874 to 1877. She was a pioneering innovator and champion of nursing.

Bulfinch Temporary Service celebrates its 25th anniversary.

Michael H. Lev, MD, FAHA, FACR, is named chief of the Emergency Imaging Division in the MGH Department of Radiology.

The MGH/MGPO presents an updated strategic plan to help guide the hospital into the next decade. More than 100 faculty and staff from across multiple disciplines banded together to develop the plan, which will serve as a roadmap to guide the hospital's future actions and decisions.

Nearly 1,000 people attend the Mass General Cancer Center's seventh annual **the one hundred** gala, which raises more than $1.5 million for research, patient care, education and community outreach programs.

Eight teams of highly skilled MGH employees compete in a life-size version of Operation, based on the 1965 classic children's game. The event, held during the annual Employee Summer Picnic, serves as a kickoff for the annual My Giving Helps: MGH Fund + United Way employee campaign.

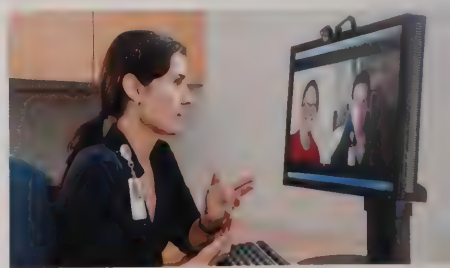
Some 150 high school students from Boston, Chelsea and Revere spend six weeks working at the hospital as part of the MGH Summer Jobs Program, now in its 24th year.

The MGH/MGPO begins using the new Epic revenue cycle system for administrative processes – including patient scheduling, registration, coding and billing. This marks the first phase of the journey toward the long-term goal of an integrated electronic medical record across the Partners system.

The MGH becomes the first hospital in New England to successfully perform a "lung-in-a-box" transplant. In this procedure, donor lungs are transported inside a portable organ-preservation device known as an Organ Care System instead of in a traditional cooler. While inside the "box," the donor lungs are connected to a machine that perfuses the lungs with warm, oxygenated, nutrient-enriched blood.

U.S. News and World Report again ranks the MGH among the top hospitals in the nation on the 2014-2015 "Best Hospitals" list. This year, the MGH is ranked No. 1 in New England and No. 2 in the United States.

The MGH TeleHealth Program, which provides patients options for virtual access to clinicians, widens its net with the launch of virtual video visits in Primary Care and the MGH Cancer Center.



ook place at the MGH in 2014

Nearly 74 years after his death, MGH physician Ernest Amory Codman, MD, FACS, is honored with a memorial on his previously unmarked gravesite at Mount Auburn Cemetery in Cambridge.

MGH's Blood Transfusion Service (BTS) returns to its newly renovated space on Jackson 1.

More than 2,600 people – including 500 active duty service members – participate in the fifth annual Run to Home Base presented by New Balance. The run raises $1.9 million for the Red Sox Foundation and MGH Home Base Program to help post-9/11 veterans and their families heal from the "invisible wounds" of war – post-traumatic stress and traumatic brain injury.

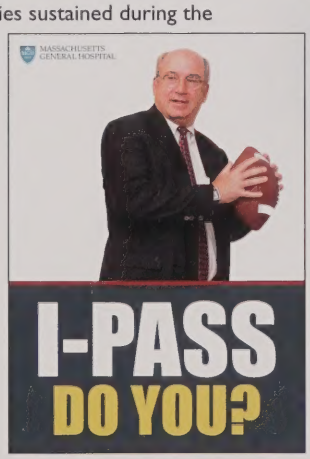
Timothy E. Wilens, MD, is appointed chief of the Division of Child and Adolescent Psychiatry in the Department of Psychiatry.

The MGH Amyotrophic Lateral Sclerosis (ALS) Multidisciplinary Clinic and the Northeast ALS Consortium participate in the Ice Bucket Challenge, a social media movement aimed at raising awareness for ALS.

Susan Slaugenhaupt, PhD, of the MGH Center for Human Genetic Research and professor in the Department of Neurology, is named the first scientific director of the newly created MGH Research Institute.

The MGH, The One Fund Boston and Massachusetts Eye and Ear Infirmary create the One Fund Center, a collaboration offering ongoing care to those affected by the often invisible, yet persistent injuries sustained during the 2013 Boston Marathon bombings.

I-PASS, a new patient handover communication program, is implemented for all staff who provide direct patient care. The new protocol incorporates team training, didactic lectures, simulations, observation, attention to the handover environment, culture change and written handover materials.



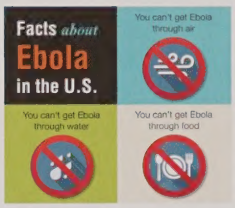
A portrait is unveiled and a conference room is named in honor of John D. Stoeckle, MD, of MGH's John D. Stoeckle Center for Primary Care Innovation.

Sabine Wilhelm, PhD, is named chief of the Department of Psychology.

The MGH Vascular Center is renamed the Fireman Vascular Center, in recognition of a gift made by patient Paul Fireman as an expression of gratitude for the care he has received over the years.

Allan M. Goldstein, MD, FACS, is named chief of Pediatric Surgery and surgeon-in-chief of MassGeneral Hospital *for* Children.

More than a dozen studies are underway thanks to the participation of thousands of patients who have contributed to the Partners HealthCare Biobank, a growing resource designed to help researchers understand how health is affected by genes, lifestyle and environment.


Facts about
Ebola
in the U.S.
You can't get Ebola through air
You can't get Ebola through water
You can't get Ebola through food

A patient initially admitted to the MGH with the possibility of Ebola virus disease (EVD) is medically cleared and discharged after being diagnosed with and treated for malaria. This comes on the heels of months of preparation, full-scale training exercises and the creation of an EVD Response Plan to ensure the hospital is well-prepared to care for a patient with EVD should the need arise.

More than 500 people raise $1.8 million for MassGeneral Hospital *for* Children during the 15th annual Storybook Ball, which supports family-centered care with a focus on children in communities in Boston as well as in Africa, South America and other areas where medical care is lacking.

Nearly 700 physicians and guests celebrate the 20th anniversary of the MGPO at the annual Physician Recognition Dinner.

The Department of Psychiatry celebrates its 80th anniversary.

The MGH's 12th annual Clinical Research Day features speakers, panel discussions and more than 350 abstracts and poster presentations focused on the importance of bridging the gap between clinical research and patient care practice.

A novel strategic partnership between the MGH and Massachusetts Institute of Technology begins addressing three major challenges in clinical medicine – improving the diagnosis of disease, developing new approaches to prevent and treat infectious and autoimmune diseases, and developing more accurate methods of diagnosing and treating major neurodegenerative and psychiatric diseases.

Anthony Rosenzweig, MD, is named chief of the MGH Division of Cardiology and co-director of the Corrigan Minehan Heart Center in the Institute for Heart, Vascular and Stroke Care.

The MGH Neurosurgical Service celebrates its 75th anniversary.

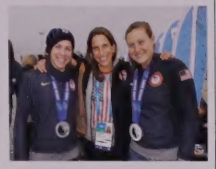
The 2014 Warren Triennial Prize of MGH is awarded to cancer researcher Bert Vogelstein, MD, the Clayton Professor of Oncology and Pathology and director of the Ludwig Center for Cancer Genetics and Therapeutics at Johns Hopkins University School of Medicine. Awarded every third year, the Warren Prize honors scientists who have made outstanding contributions in fields related to medicine.

Michael S. Gee, MD, PhD, is named chief of the Division of Pediatric Radiology for MassGeneral Hospital *for* Children.

The MGH joins with the *Boston Globe*, Harvard University and the Massachusetts Institute of Technology to organize and coordinate HUBweek, a weeklong festival of ideas, conversations and creative problem-solving next fall (Oct. 3-10, 2015). HUBweek aims to elicit insights and answers from thinkers and doers throughout the Greater Boston region and beyond.

The year in review: A look at just some of the many notable events that took place at the MGH in 2014

Joanne Marqusee is named president and CEO of Cooley Dickinson Health Care, an affiliate of the MGH and Partners HealthCare.



Anne Holland "Holly" Johnson, MD, a foot and ankle surgeon in the MGH Department of Orthopædic Surgery, travels to Sochi, Russia, to serve as the team doctor for the U.S. Women's Olympic Hockey team. The team took home the silver medal.

Partners HealthCare celebrates its 20th anniversary.

For the second consecutive year, the MGH is named the Readers' Choice Most Admired Health Care Company in Massachusetts by the *Boston Business Journal*.

The MGH expands its Wound Care Program, which promotes the rapid healing of wounds using skin debridement, advanced topical therapies and dressings, and surgical treatments. The program now includes wound care at MG West in Waltham, as well as a coordinated phone line and electronic referral form for patients.

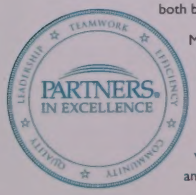
The MGH Hand Hygiene Program, developed by the Stop the Transmission of Pathogens (STOP) Task Force, celebrates its 10th anniversary.

The annual Scientific Advisory Committee (SAC) meeting examines how the MGH is preparing to meet the challenges presented by reductions in traditional sources of research funding and taking advantage of new opportunities in areas such as translational research, health care informatics and outcomes research.

William (Jay) G. Austen, Jr., MD, is appointed chief of the MGH Division of Burn Surgery.

Some 230 runners, including 80 staff members, participate in the 2014 Boston Marathon. Their efforts support pediatric cancer, cystic fibrosis, emergency response, Pediatric Palliative Care and the Pediatric Coordinated Care Center, Friends of the Lurie Center, dystonia research and the Red Sox Foundation and MGH Home Base Program.

With reflection and resolve, the MGH marks the one-year anniversary of the Boston Marathon bombings with a series of events and moments to honor the victims and the survivors and to recognize the hospital community, which came together to heal both bodies and minds.



More than 2,000 MGHers receive a Partners in Excellence (PIE) Award honoring their outstanding efforts in support of Partners HealthCare and its affiliates.

The MGH celebrates national Nurse Recognition Week with a series of celebratory events, special presentations and receptions.

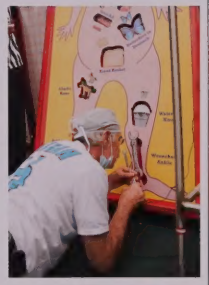
A new portrait of Linda Richards is unveiled. Richards was America's first professionally trained nurse and superintendent of the Boston Training School at the MGH from 1874 to 1877. She was a pioneering innovator and champion of nursing.

Bulfinch Temporary Service celebrates its 25th anniversary.

Michael H. Lev, MD, FAHA, FACR, is named chief of the Emergency Imaging Division in the MGH Department of Radiology.

The MGH/MGPO presents an updated strategic plan to help guide the hospital into the next decade. More than 100 faculty and staff from across multiple disciplines banded together to develop the plan, which will serve as a roadmap to guide the hospital's future actions and decisions.

Nearly 1,000 people attend the Mass General Cancer Center's seventh annual **the one hundred** gala, which raises more than $1.5 million for research, patient care, education and community outreach programs.

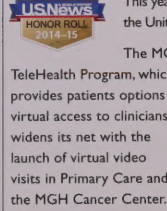


Eight teams of highly skilled MGH employees compete in a life-size version of Operation, based on the 1965 classic children's game. The event, held during the annual Employee Summer Picnic, serves as a kickoff for the annual My Giving Helps: MGH Fund + United Way employee campaign.

Some 150 high school students from Boston, Chelsea and Revere spend six weeks working at the hospital as part of the MGH Summer Jobs Program, now in its 24th year.

The MGH/MGPO begins using the new Epic revenue cycle system for administrative processes – including patient scheduling, registration, coding and billing. This marks the first phase of the journey toward the long-term goal of an integrated electronic medical record across the Partners system.

The MGH becomes the first hospital in New England to successfully perform a "lung-in-a-box" transplant. In this procedure, donor lungs are transported inside a portable organ-preservation device known as an Organ Care System instead of in a traditional cooler. While inside the "box," the donor lungs are connected to a machine that perfuses the lungs with warm, oxygenated, nutrient-enriched blood.



U.S. News and World Report again ranks the MGH among the top hospitals in the nation on the 2014-2015 "Best Hospitals" list. This year, the MGH is ranked No. 1 in New England and No. 2 in the United States.

The MGH TeleHealth Program, which provides patients options for virtual access to clinicians, widens its net with the launch of virtual video visits in Primary Care and the MGH Cancer Center.

Nearly 74 years after his death, MGH physician Ernest Amory Codman, MD, FACS, is honored with a memorial on his previously unmarked gravesite at Mount Auburn Cemetery in Cambridge.

MGH's Blood Transfusion Service (BTS) returns to its newly renovated space on Jackson 1.

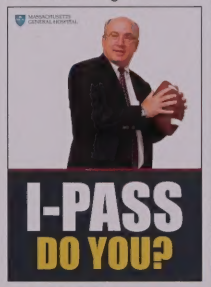
More than 2,600 people – including 500 active duty service members – participate in the fifth annual Run to Home Base presented by New Balance. The run raises $1.9 million for the Red Sox Foundation and MGH Home Base Program to help post-9/11 veterans and their families heal from the "invisible wounds" of war – post-traumatic stress and traumatic brain injury.

Timothy E. Wilens, MD, is appointed chief of the Division of Child and Adolescent Psychiatry in the Department of Psychiatry.

The MGH Amyotrophic Lateral Sclerosis (ALS) Multidisciplinary Clinic and the Northeast ALS Consortium participate in the Ice Bucket Challenge, a social media movement aimed at raising awareness for ALS.

Susan Slaugenhaupt, PhD, of the MGH Center for Human Genetic Research and professor in the Department of Neurology, is named the first scientific director of the newly created MGH Research Institute.

The MGH, The One Fund Boston and Massachusetts Eye and Ear Infirmary create the One Fund Center, a collaboration offering ongoing care to those affected by the often invisible, yet persistent injuries sustained during the 2013 Boston Marathon bombings.



I-PASS, a new patient handover communication program, is implemented for all staff who provide direct patient care. The new protocol incorporates team training, didactic lectures, simulations, observation, attention to the handover environment, culture change and written handover materials.

A portrait is unveiled and a conference room is named in honor of John D. Stoeckle, MD, of MGH's John D. Stoeckle Center for Primary Care Innovation.

Sabine Wilhelm, PhD, is named chief of the Department of Psychology.

The MGH Vascular Center is renamed the Fireman Vascular Center, in recognition of a gift made by patient Paul Fireman as an expression of gratitude for the care he has received over the years.

Allan M. Goldstein, MD, FACS, is named chief of Pediatric Surgery and surgeon-in-chief of MassGeneral Hospital *for* Children.

More than a dozen studies are underway thanks to the participation of thousands of patients who have contributed to the Partners HealthCare Biobank, a growing resource designed to help researchers understand how health is affected by genes, lifestyle and environment.

A patient initially admitted to the MGH with the possibility of Ebola virus disease (EVD) is medically cleared and discharged after being diagnosed with and treated for malaria. This comes on the heels of months of preparation, full-scale training exercises and the creation of an EVD Response Plan to ensure the hospital is well-prepared to care for a patient with EVD should the need arise.

More than 500 people raise $1.8 million for MassGeneral Hospital *for* Children during the 15th annual Storybook Ball, which supports family-centered care with a focus on children in communities in Boston as well as in Africa, South America and other areas where medical care is lacking.

Nearly 700 physicians and guests celebrate the 20th anniversary of the MGPO at the annual Physician Recognition Dinner.

The Department of Psychiatry celebrates its 80th anniversary.

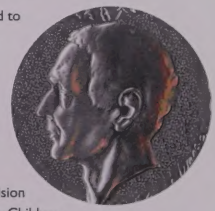
The MGH's 12th annual Clinical Research Day features speakers, panel discussions and more than 350 abstracts and poster presentations focused on the importance of bridging the gap between clinical research and patient care practice.

A novel strategic partnership between the MGH and Massachusetts Institute of Technology begins addressing three major challenges in clinical medicine – improving the diagnosis of disease, developing new approaches to prevent and treat infectious and autoimmune diseases, and developing more accurate methods of diagnosing and treating major neurodegenerative and psychiatric diseases.

Anthony Rosenzweig, MD, is named chief of the MGH Division of Cardiology and co-director of the Corrigan Minehan Heart Center in the Institute for Heart, Vascular and Stroke Care.

The MGH Neurosurgical Service celebrates its 75th anniversary.

The 2014 Warren Triennial Prize of MGH is awarded to cancer researcher Bert Vogelstein, MD, the Clayton Professor of Oncology and Pathology and director of the Ludwig Center for Cancer Genetics and Therapeutics at Johns Hopkins University School of Medicine. Awarded every third year, the Warren Prize honors scientists who have made outstanding contributions in fields related to medicine.



Michael S. Gee, MD, PhD, is named chief of the Division of Pediatric Radiology for MassGeneral Hospital *for* Children.

The MGH joins with the *Boston Globe*, Harvard University and the Massachusetts Institute of Technology to organize and coordinate HUBweek, a weeklong festival of ideas, conversations and creative problem-solving next fall (Oct. 3-10, 2015). HUBweek aims to elicit insights and answers from thinkers and doers throughout the Greater Boston region and beyond.